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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00619

630

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Harford</u>			
CITY OR TOWN <u>Harford mm. Harp.</u>		LENGTH OF STAY (in this place) <u>38 days</u>		CITY OR TOWN <u>Joppa</u>		(If outside corporate limits, write RURAL and give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford mm. Harp.</u>				STREET ADDRESS <u>Joppa</u>		(If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>MAE Mary B. ACKERMAN</u>				4. DATE OF DEATH <u>JANUARY 11 1956</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>May 15, 1877</u>	
9. AGE last birthday <u>78</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Practical Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (State or foreign country) <u>Shrewsbury Pa.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Wilkes</u>		14. MOTHER'S MAIDEN NAME <u>Sweeney</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT & ADDRESS <u>Herbert Budnick Joppa, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>Pneumonitis - bilateral, hypostatic</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic Cardiovascular disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) <u>Gangrene of left foot due to peripheral arteriosclerosis</u>							
STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>Dec. 13th, 55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gangrene of left foot</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 4th, 1955</u> to <u>Jan 11th, 1956</u> , that I last saw the deceased alive on <u>Jan 11th, 1956</u> , and that death occurred at <u>11:40 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Edward K. McComas</u>		ADDRESS (Street, city, town, state) <u>M.D. 211 N. Union Ave. Harford, Md.</u>		DATE SIGNED <u>1/11/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 14, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran</u>		LOCATION (City, town, or county) (State) <u>Joppa, Harford, Md.</u>	
24. REC'D BY REGISTRAR <u>Jan. 14 - 1956</u>		REGISTRAR'S SIGNATURE <u>G. L. Lewis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard K. McComas & Son</u>		ADDRESS <u>Abingdon, Md.</u>	

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE

1956

Reg. Dist. No.

1. Name of deceased (Print or write)

2. Sex

3. Age

4. Date of birth

5. Place of birth

6. Usual residence

7. Cause of death

8. Date of death

9. Time of death

10. Signature of physician

11. Signature of registrar

12. Signature of informant

13. Signature of funeral director

14. Signature of undertaker

15. Signature of cemetery

16. Signature of burial place

17. Signature of interment

18. Signature of cremation

19. Signature of disposition

20. Signature of final disposition

21. Signature of final disposition

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BUREAU V. 3

JAN 17 1956

RECEIVED

EXHIBITION

THIS CERTIFICATE OF DEATH IS A PUBLIC DOCUMENT AND IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS THE PROPERTY OF THE STATE DEPARTMENT OF HEALTH AND IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR. IT IS NOT TO BE LOANED, COPIED, OR REPRODUCED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE REGISTRAR. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS THE PROPERTY OF THE STATE DEPARTMENT OF HEALTH AND IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR. IT IS NOT TO BE LOANED, COPIED, OR REPRODUCED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE REGISTRAR.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00620

631

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Hartford</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Hartford</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
TOWN <u>Harrods-Croce</u>				TOWN <u>Aberdeen</u>		31	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Hartford Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>477 W. Bel Air Ave</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>John Victor</u> (Middle) <u>Adams</u> (Last)				Month <u>1</u> Day <u>25</u> Year <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	<u>Widower</u>	<u>July 13 - 1888</u>	<u>67</u> yrs.	Months	Days	Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Grocer</u>		<u>Self Employed</u>		<u>Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>William Adams</u>				<u>Emma Bristow</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)		<u>218-32-1691</u>		<u>Geo. B. Adams/35 E. Bel Air Ave</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>420.1 Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Coronary atherosclerosis</u>						<u>6 mo</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work Not while at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 1955, to Jan 1956, that I last saw the deceased alive on Jan 25, 1956, and that death occurred at 6:20 P.M. from the causes and on the date stated above.							
SIGNATURE <u>Reph Horky</u>				ADDRESS (Street, city, town, state) <u>Cheswell, Md.</u>		DATE SIGNED <u>July 25</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Jan 28 1956</u>		<u>Bakers Cemetery</u>		<u>Aberdeen Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
<u>Jan 28 - 1956</u>		<u>G. L. Lewis M.D.</u>		<u>John F. Harring Aberdeen Md.</u>			

1500

RECEIVED

CERTIFICATE OF DEATH

1930

DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

BUREAU V. S.

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INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12582

662

CERTIFICATE OF DEATH

See: Stillbirth Cert. Twin I

Reg. Dist. No. 181

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		STATE <u>Maryland</u>		COUNTY <u>Harford</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>X</u> TOWN <u>Aberdeen</u>		LENGTH OF STAY (in this place) <u>1 hr 53 min</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Aberdeen Edgewood</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>50 US Army Hospital</u> <u>Aberdeen Proving Ground</u>				STREET ADDRESS (If rural give location) <u>#2 Zetter St.</u>			
3. NAME OF DECEASED (Type or Print) <u>MARIE</u> (First) <u>-</u> (Middle) <u>ADAMS Twin II</u> (Last)				4. DATE OF DEATH January 17 1956			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>January 17 1956</u>	9. AGE last birthday yrs. <u>1</u> Months <u>53</u> Days <u>1</u> Hours <u>53</u> Min.	IF UNDER 1 YEAR IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Russell Clark Adams</u>				14. MOTHER'S MAIDEN NAME <u>Sylvia June Furnace</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Father</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>774X Prematurity</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Polyhydramnios</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>17 Jan</u> , 19 <u>56</u> , to <u>17 Jan</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>17 Jan</u> , 19 <u>56</u> , and that death occurred at <u>7:00a.m.</u> from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				DATE SIGNED <u>17 Jan 56</u>			
ADDRESS (Street, city, town, state) <u>US Army Hospital</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan 20 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Post Cemetery</u>		LOCATION (City, town, or county) (State) <u>Army Chemical Center, Md.</u>	
24. REC'D BY REGISTRAR <u>Jan. 19-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Aberdeen Md.</u>	

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INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00621

632

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>HARFORD</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>HARFORD</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
24 TOWN <u>HAURE de GRACE</u>				31 TOWN <u>Aberdeen</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>HARFORD Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>43 Aberdeen Ave</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) (Middle) (Last) <u>Harold Raymond Alpaugh</u>				<u>JANUARY 18 1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Feb 11th 1893</u>	9. AGE last birthday <u>62</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
				Months Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Security Officer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Govt. A.P.G. Ind.</u>		11. BIRTHPLACE (State or foreign country) <u>New Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Wesley Abgar Alpaugh</u>				14. MOTHER'S MAIDEN NAME <u>Eurina Waters</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>149-07-9244</u>		17. INFORMANT & ADDRESS <u>Mrs Harold Alpaugh 43 Aberdeen Ave</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 IMMEDIATE CAUSE (A) <u>Coronary Arteriosclerosis</u>				14 hours			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 54</u> , to <u>Jan 18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>18 JANUARY 1956</u> , and that death occurred at <u>10:45 A</u> M, from the causes and on the date stated above.							
SIGNATURE <u>J. H. Hatten</u>				ADDRESS (Street, city, town, state)		DATE SIGNED	
M. D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Cremation</u>		DATE THEREOF <u>Jan 21-1956</u>		NAME OF CEMETERY OR CREMATORY <u>Greenmount Crematory</u>		LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>G. L. Lewis M. D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Farring</u>		ADDRESS <u>Aberdeen Md.</u>	
DATE <u>Jan 20-1956</u>							

1956

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

CERTIFICATE OF DEATH

Form No. 10

1. NAME OF DECEASED (PRINT OR TYPE)

DATE

PLACE OF DEATH

2. SEX

3. AGE

4. RACE

5. OCCUPATION

6. MARITAL STATUS

7. EDUCATION

8. BIRTH DATE

9. BIRTH PLACE

10. BIRTH CERT. NO.

11. BIRTH SEX

12. BIRTH RACE

13. BIRTH OCCUPATION

14. BIRTH MARITAL STATUS

15. BIRTH EDUCATION

16. BIRTH BIRTH DATE

17. BIRTH BIRTH PLACE

18. BIRTH BIRTH CERT. NO.

19. BIRTH BIRTH SEX

20. BIRTH BIRTH RACE

21. BIRTH BIRTH OCCUPATION

22. BIRTH BIRTH MARITAL STATUS

23. BIRTH BIRTH EDUCATION

24. BIRTH BIRTH BIRTH DATE

25. BIRTH BIRTH BIRTH PLACE

26. BIRTH BIRTH BIRTH CERT. NO.

27. BIRTH BIRTH BIRTH SEX

28. BIRTH BIRTH BIRTH RACE

29. BIRTH BIRTH BIRTH OCCUPATION

30. BIRTH BIRTH BIRTH MARITAL STATUS

31. BIRTH BIRTH BIRTH EDUCATION

BUREAU V. S.

JAN 23 1956

RECEIVED

1956

1. NAME OF DECEASED (PRINT OR TYPE)
2. SEX
3. AGE
4. RACE
5. OCCUPATION
6. MARITAL STATUS
7. EDUCATION
8. BIRTH DATE
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11. BIRTH SEX
12. BIRTH RACE
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14. BIRTH MARITAL STATUS
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21. BIRTH BIRTH OCCUPATION
22. BIRTH BIRTH MARITAL STATUS
23. BIRTH BIRTH EDUCATION
24. BIRTH BIRTH BIRTH DATE
25. BIRTH BIRTH BIRTH PLACE
26. BIRTH BIRTH BIRTH CERT. NO.
27. BIRTH BIRTH BIRTH SEX
28. BIRTH BIRTH BIRTH RACE
29. BIRTH BIRTH BIRTH OCCUPATION
30. BIRTH BIRTH BIRTH MARITAL STATUS
31. BIRTH BIRTH BIRTH EDUCATION

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INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00622

633

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Harford</i>		MARYLAND		STATE <i>Maryland</i>		COUNTY <i>Harford</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>31 Aberdeen</i>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) <i>31 Aberdeen</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>437 W. Bel Air Ave.</i>				STREET ADDRESS (If rural give location) <i>437 W. Bel Air Ave.</i>			
3. NAME OF DECEASED (Type or Print) (First) <i>Minnie</i> (Middle) <i>Baer</i> (Last)				4. DATE OF DEATH (Month) <i>Jan</i> (Day) <i>31st</i> (Year) <i>1956</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 3-1906</i>	9. AGE last birthday <i>49</i> yrs.	IF UNDER 1 YEAR (Month) (Day) (Year)		IF UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>unknown</i>				14. MOTHER'S MAIDEN NAME <i>Minnie Gerlach</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <i>Shelton Baer - Aberdeen Md.</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
330X IMMEDIATE CAUSE (A) <i>(Subarachnoid) Haemorrhage, Spontaneous</i>				INTERVAL BETWEEN ONSET AND DEATH <i>(b) Terminal</i>			
ANTECEDENT CAUSE(S) DUE TO (B) <i>Pulmonary Edema (a)</i>				Terminal			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1-29</i>, to <i>1-31</i>, 19<i>56</i>, that I last saw the deceased alive on <i>1-31</i>, 19<i>56</i>, and that death occurred at <i>11:10 P.</i> M. from the causes and on the date stated above.							
SIGNATURE <i>W. H. [Signature]</i>				ADDRESS (Street, city, town, state) <i>Aberdeen Md.</i>		DATE SIGNED <i>2-2-56</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>2/4/56</i>		NAME OF CEMETERY OR CREMATORY <i>Portwood Cemetery</i>		LOCATION (City, town, or county) (State) <i>Balto Maryland</i>	
24. REC'D BY REGISTRAR <i>Feb 3-1956</i>		REGISTRAR'S SIGNATURE <i>Nellie G Perry</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>John G. [Signature]</i> ADDRESS <i>Aberdeen Md.</i>			

10033

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

CERTIFICATE OF DEATH

253

DATE OF DEATH

IN MEDICAL CERTIFICATION

MARITAL AND

STATUS OF DECEASED

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BUREAU V. 2

FEB 6 1956

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00623

Reg. Dist. No. 185

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		MARYLAND		STATE <u>Ind</u>		COUNTY <u>Cecil</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harre de Grace</u>		LENGTH OF STAY (In this place) <u>2 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Perryville</u>		<u>078-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u></u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>James</u> (Middle) <u>H</u> (Last) <u>Benedict</u>				(Month) <u>Jan</u> (Day) <u>4</u> (Year) <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 23, 1904</u>	9. AGE last birthday <u>51</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Craft Assembler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Penna.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Ruben Benedict</u>				14. MOTHER'S MAIDEN NAME <u>Jenny Black</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u></u>		16. SOCIAL SECURITY NO. <u>185-03-1729</u>		17. INFORMANT & ADDRESS <u>Mrs. Mabel Benedict, Perryville, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
420.1 IMMEDIATE CAUSE (A) <u>Posterior Coronary Thrombosis acute</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic Cardiovascular</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>disease</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u></u>							
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u></u>		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) <u></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>Jan 2nd</u> , 1956, to <u>Jan 4th</u> , 1956, that I last saw the deceased alive on <u>Jan 4th</u> , 1956, and that death occurred at <u>10:25 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Shirley Brown</u>				ADDRESS (Street, city, town, state) <u>221 North Union Ave. Harre de Grace, Ind</u>			
DATE SIGNED <u>Jan 8-1956</u>				DATE SIGNED <u>1/4/56</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>1-7-1956</u>		NAME OF CEMETERY OR CREMATORY <u>Chesnut Level</u>		LOCATION (City, town, or county) (State) <u>Perryville, Pa.</u>	
24. REC'D BY REGISTRAR <u>Jan 8-1956</u>		REGISTRAR'S SIGNATURE <u>G. L. Lewis M. D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Patterson & Son</u>		ADDRESS <u>Perryville, Md.</u>	

00623

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 19

CERTIFICATE OF DEATH

Register No.

Local

Feb. 23, 1904 21

182-03-1739 Mrs. Maria Benedict, Maryland

BUREAU V. S.

JAN 10 1936

RECEIVED

Received 1-19-36
J. A. Patterson & Co. Baltimore, Md.
182-03-1739

00624

CERTIFICATE OF DEATH

Item 8, Film G193 2-28-56 et

Reg. Dist. No. 185-

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		STATE <u>Md.</u>		COUNTY <u>Harford</u>			
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Harre-de-Grace</u>				TOWN <u>Harre-de-Grace</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>Revolution St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Mamie</u> (First) <u>Brinkman</u> (Last)				4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 7</u> <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 2, 1887</u>	9. AGE last birthday <u>68</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>CHARLES RYAN</u>				14. MOTHER'S MAIDEN NAME <u>MARIE CHRISTESON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT & ADDRESS <u>Charles Brinkman (husband)</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
443X IMMEDIATE CAUSE (A) <u>Cardiac decompensation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Hypertensive cardio-vascular disease</u>				<u>1 year</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21i. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/31</u> , 19 <u>56</u> , to <u>1/7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>JAN 7</u> , 19 <u>56</u> , and that death occurred at <u>4:16 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Thorn L. Wachmann M.D.</u>				ADDRESS (Street, city, town, state) <u>Union & Franklin Sts. Harre-de-Grace Md.</u> DATE SIGNED <u>1/9/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>JAN 19 1956</u>		NAME OF CEMETERY OR CREMATORY <u>ANGEL HILL CEM.</u>		LOCATION (City, town, or county) <u>HARRE-DE-GRACE MD.</u>	
24. REC'D BY REGISTRAR <u>Jan 9-1956</u>		REGISTRAR'S SIGNATURE <u>G. L. Lewis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Madison Mitchell</u>		ADDRESS <u>Harre-de-Grace, Md.</u>	

INSTRUCTIONS

1. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1900

22 2221544

MARIE CHRISTSON

Charles Pinkney (1842-1914)

7-15-52 11:45 AM

BUREAU V. S.

JAN 10 1966

1. What is the purpose of the study?
 2. What are the research objectives?
 3. What is the scope of the study?
 4. What are the limitations of the study?
 5. What is the significance of the study?

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

663

CERTIFICATE OF DEATH

00625

181

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		MARYLAND		STATE <u>New York</u>		COUNTY <u>New York</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Aberdeen</u>		<u>1 day</u>		TOWN <u>Baltimore</u>		<u>New York</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>US Army Hospital</u>				STREET ADDRESS (If rural give location)			
<u>Aberdeen Proving Ground, Md</u>				<u>700 West 178 St.</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
(NOT NAMED) <u>BROTMAN</u>				Jan <u>11</u> 19 <u>56</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours Min.
<u>Female</u>	<u>White</u>	<u>Single</u>	<u>Jan 11 1956</u>				<u>2</u> <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>NA</u>		<u>NA</u>		<u>Maryland</u>		<u>USA</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Gerald Brotman</u>				<u>Elsbeth Jonas</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No</u>		<u>None</u>		<u>Father</u> <u>2115 Firethorn Rd, Baltimore 20 Md</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Fetal prematurity</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>Maternal congenital anomalies of uterus</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<u>None</u>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11 Jan</u> , 19 <u>56</u> , to <u>11 Jan</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11 Jan</u> , 19 <u>56</u> , and that death occurred at <u>1100a</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Robert A. James</u>				ADDRESS (Street, city, town, state) <u>US Army Hospital APG, Md</u>			
DATE <u>Jan 16 - 1956</u>				DATE SIGNED <u>12 Jan 56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Jan 16th 1956</u>		<u>West Cemetery</u>		<u>Aberdeen, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>Jan 16 - 1956</u>		<u>Hellie R Perry</u>		<u>John E. Farring</u>		<u>Aberdeen Md.</u>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

2050319250

100-10000

WEST VIRGINIA STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

CERTIFICATE OF DEATH

100-10000

DATE OF DEATH

1. NAME OF DECEASED

2. SEX

3. AGE

4. OCCUPATION

5. PLACE OF BIRTH

6. DATE OF BIRTH

7. PLACE OF DEATH

8. CAUSE OF DEATH

9. MANNER OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESS

13. SIGNATURE OF DECEASED

14. SIGNATURE OF NEXT OF KIN

15. SIGNATURE OF BURIAL OFFICIAL

16. SIGNATURE OF CHURCH OFFICIAL

17. SIGNATURE OF FUNERAL HOME

18. SIGNATURE OF CEMETERY

19. SIGNATURE OF INTERVIEWER

20. SIGNATURE OF INTERVIEWER

21. SIGNATURE OF INTERVIEWER

22. SIGNATURE OF INTERVIEWER

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BUREAU V. E.

JAN 18 1950

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00626

Items 20&21 Film G191 1-19-56 ams

664

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Harford</i>		MARYLAND		STATE <i>Md</i>		COUNTY <i>Harford</i>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <i>Belt Air</i>				TOWN <i>Rocke Rural</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Route #1 Highway</i>				STREET ADDRESS (If rural give locellon) <i>1</i>			
3. NAME OF DECEASED (Type or Print) <i>Owen Lee Brown</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>January 7 1956</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 9-1932</i>	9. AGE last birthday <i>23</i> yrs.	IF UNDER 1 YEAR Months <i>9</i> Days <i>28</i>		IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck driver H-T Campbell Co</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Truck Wick Va</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>McFitt Brown</i>				14. MOTHER'S MAIDEN NAME <i>Maudie Brown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>Yes</i>			16. SOCIAL SECURITY NO. <i>187-24-066</i>		17. INFORMANT & ADDRESS <i>Bernice Jean Brown Rocke Md</i>		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
816X IMMEDIATE CAUSE (A) <i>Fracture Skull</i>						<i>—</i>	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i>US Route 1</i>		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) <i>Fallston Harford Md</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Jan. 7, 1956 11:20 PM.</i>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Auto accident, auto-object type</i>			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....M, from the causes and on the date stated above.							
SIGNATURE <i>Gerald E Palmer</i> M.D. <i>Deputy Medical Examiner</i>				ADDRESS (Street, city, town, state)		DATE SIGNED <i>1/8/56</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>Jan. 11-56</i>		NAME OF CEMETERY OR CREMATORY <i>Belt Air Mem. Park</i>		LOCATION (City, town, or county) (State) <i>Belt Air Md</i>	
24. REC'D BY REGISTRAR <i>1-11-56</i>		REGISTRAR'S SIGNATURE <i>Maxwell Foxwood</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Marion E. Rusty</i>		ADDRESS <i>Greenwood Rd</i>	

NOTIFICATION

THIS IS TO CERTIFY THAT THE UNDERSIGNED, A MEMBER OF THE BOARD OF HEALTH, HAS RECEIVED FROM THE CORONER OF THE CITY OF BALTIMORE, A CERTIFICATE OF DEATH, DATED AT BALTIMORE, MARYLAND, ON THE 11TH DAY OF OCTOBER, 1918, IN THE CITY OF BALTIMORE, MARYLAND, AT THE RESIDENCE OF THE DECEASED, AND THAT THE DECEASED WAS A RESIDENT OF THE CITY OF BALTIMORE, MARYLAND, AT THE TIME OF HIS DEATH.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18

10086

1. NAME OF DECEASED <i>John Brown</i>		2. SEX <i>Male</i>		3. AGE <i>35</i>	
4. RACE <i>White</i>		5. OCCUPATION <i>Driver</i>		6. PLACE OF BIRTH <i>Maryland</i>	
7. DATE OF DEATH <i>Oct 11 1918</i>		8. TIME OF DEATH <i>10:00 AM</i>		9. PLACE OF DEATH <i>Home</i>	
10. CAUSE OF DEATH <i>Pneumonia</i>		11. DISEASE OR INJURY <i>Pneumonia</i>		12. MEDICAL OPINION <i>Death due to pneumonia</i>	
13. SIGNATURE OF CORONER <i>John Brown</i>		14. SIGNATURE OF DECEASED <i>John Brown</i>		15. SIGNATURE OF WITNESSES <i>John Brown</i>	

BUREAU V. S.

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1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

665

CERTIFICATE OF DEATH

00627

Reg. Dist. No. 185

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Harford</i>		MARYLAND		STATE <i>N.Y.</i>		COUNTY <i>69x-3</i>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <i>Rural Havre de Grace 2 M.O.S.</i>				TOWN <i>SHORTSVILLE</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>HAVRE DE GRACE HEIGHTS</i>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <i>PARKER</i> (Middle) <i>LESTER</i> (Last) <i>BROWN</i>				(Month) <i>JAN.</i> (Day) <i>11</i> (Year) <i>1956</i>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<i>MALE</i>	<i>WHITE</i>	<i>MARRIED</i>	<i>MAY 23 1884</i>	<i>71</i> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<i>RETIRED</i>		<i>HARDWARE DEALER MD.</i>		<i>MD.</i>		<i>U.S.A.</i>	
13. FATHER'S NAME <i>Wm. HENRY BROWN</i>				14. MOTHER'S MAIDEN NAME <i>(RICHARD) ALICE PARKER</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<i>Mrs. RICHARD E. PEASIN.</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
420.1 IMMEDIATE CAUSE (A) <i>Cornary Occlusion</i>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO (B) <i>Chronic Hypertension</i>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>Arterio Sclerosis</i>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>12-18</i> , 19 <i>55</i> , to <i>1-7</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>1-6</i> , 19 <i>56</i> , and that death occurred at <i>12:30</i> A.M. from the causes and on the date stated above.							
SIGNATURE <i>[Signature]</i>				ADDRESS (Street, city, town, state) <i>Havre de Grace Md.</i>		DATE SIGNED <i>1-12-56</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>BURIAL</i>		<i>JAN 13, '56</i>		<i>ANGEL HILL Cm.</i>		<i>HAVRE DE GRACE MD.</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <i>Jan. 12 - 1956</i>		<i>G. L. Lewis M.D.</i>		<i>R. Madison Mitchell</i>		<i>Havre de Grace Md.</i>	

10000

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

CERTIFICATE OF DEATH

1. USUAL RESIDENCE (HOME OR BUSINESS)

N.Y.

SHORTVILLE

2. PLACE OF DEATH

Hospital

Local HAVE DEATH IN M.O.

HAVE DEATH IN M.O.

Jan. 11, 25

TRAKER LESTER BROWN

MARRIED MAY 21 24 71

MALE WHITE

U.S.A.

HARVARD MEDICAL SCHOOL

RESIDED

(HARRARD) ALICE LANNAR

W. HENRY BROWN

Mrs. L. HARRIS E. LEASIN
HARRIS DE GRANGE MD

BUREAU V. S.

JAN 13 1926

RECEIVED
JAN 13 1926
HARRIS DE GRANGE MD
J. HARRIS DE GRANGE MD
J. HARRIS DE GRANGE MD

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00628

636

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Hartford</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Hartford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Harvode Grace</u>				TOWN <u>BEL AIR</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Hartford Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>Rd #1, Gossage Rd.</u>			
3. NAME OF DECEASED (Type or Print) <u>James M. Cardwell</u>				A. DATE OF DEATH (Month) (Day) (Year) <u>January 9 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Child</u>	8. DATE OF BIRTH <u>June 21, 1955</u>	9. AGE last birthday <u>6 months</u>	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>Harrison L. Cardwell</u>				14. MOTHER'S MAIDEN NAME <u>Sybil E. (Spears)</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>HARRISON L. CARDWELL, 162 AIR MD, Route 3</u>			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
571.0 IMMEDIATE CAUSE (A) <u>Septicemia</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>ac. infectious diarrhea</u>							<u>5 da</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					2D. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, lecture, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <u>Jan 8 1956</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 8 1956</u> , to <u>Jan 9 1956</u> , that I last saw the deceased alive on <u>Jan 9 1956</u> , and that death occurred at <u>5:30 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>William P. Hudson, M.D.</u>				DATE SIGNED <u>1/9/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan 10/56</u>		NAME OF CEMETERY OR CREMATORY <u>BEL AIR MEMORIAL GARDEN</u>		LOCATION (City, town, or county) <u>BEL AIR HARTFORD MD</u>	
24. REC'D BY REGISTRAR <u>Jan 12 - 1956</u>		REGISTRAR'S SIGNATURE <u>G. L. Lewis M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Forest Hill Md</u>			

CERTIFICATE OF DEATH

1936

FILE NO. 1234

1. NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. CAUSE OF DEATH

8. PLACE OF DEATH

9. SIGNATURE OF PHYSICIAN

10. SIGNATURE OF REGISTRAR

11. SIGNATURE OF WITNESSES

12. SIGNATURE OF DECEASED

13. SIGNATURE OF NEAREST RELATIVE

14. SIGNATURE OF CLERGYMAN

15. SIGNATURE OF BURIAL OFFICIAL

16. SIGNATURE OF INTERVIEWER

17. SIGNATURE OF INVESTIGATOR

18. SIGNATURE OF CORONER

19. SIGNATURE OF JURY

20. SIGNATURE OF COURT

21. SIGNATURE OF STATE

22. SIGNATURE OF FEDERAL

23. SIGNATURE OF INTERNATIONAL

24. SIGNATURE OF OTHER

25. SIGNATURE OF DECEASED

26. SIGNATURE OF NEAREST RELATIVE

27. SIGNATURE OF CLERGYMAN

28. SIGNATURE OF BURIAL OFFICIAL

29. SIGNATURE OF INTERVIEWER

30. SIGNATURE OF INVESTIGATOR

BUREAU V. S.

JAN 10 1936

RECEIVED

EXHIBIT 1234

1. NAME OF DECEASED
2. SEX
3. AGE
4. DATE OF BIRTH
5. PLACE OF BIRTH
6. OCCUPATION
7. CAUSE OF DEATH
8. PLACE OF DEATH
9. SIGNATURE OF PHYSICIAN
10. SIGNATURE OF REGISTRAR
11. SIGNATURE OF WITNESSES
12. SIGNATURE OF DECEASED
13. SIGNATURE OF NEAREST RELATIVE
14. SIGNATURE OF CLERGYMAN
15. SIGNATURE OF BURIAL OFFICIAL
16. SIGNATURE OF INTERVIEWER
17. SIGNATURE OF INVESTIGATOR
18. SIGNATURE OF CORONER
19. SIGNATURE OF JURY
20. SIGNATURE OF COURT
21. SIGNATURE OF STATE
22. SIGNATURE OF FEDERAL
23. SIGNATURE OF INTERNATIONAL
24. SIGNATURE OF OTHER
25. SIGNATURE OF DECEASED
26. SIGNATURE OF NEAREST RELATIVE
27. SIGNATURE OF CLERGYMAN
28. SIGNATURE OF BURIAL OFFICIAL
29. SIGNATURE OF INTERVIEWER
30. SIGNATURE OF INVESTIGATOR

1

INSTRUCTIONS

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VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

666

CERTIFICATE OF DEATH

00629

Reg. Dist. No. 182

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL or end, give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Kalma</u>		<u>10 mo</u>		TOWN <u>Kalma Forest Hill</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Convol. Home Bel Air</u>				STREET ADDRESS (If rural give location) <u>Forest Hill</u>			
3. NAME OF DECEASED (Type or Print) <u>Edna Virginia Cart</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>JAN, 27, 1956</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH <u>Aug 5-1878</u>	
						9. AGE last birthday <u>77</u> yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Henry Christy</u>				14. MOTHER'S MAIDEN NAME <u>Alice Ann Greaser</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Adrian B. Christy Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.1 IMMEDIATE CAUSE (A) <u>Acute Coronary Occlusion, probable.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic C-V-D</u>						<u>10 years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Fracture Femur Left - Post Operative</u>						<u>11 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> et work et work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/23</u> , 19 <u>47</u> , to <u>1/27</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12/10</u> , 19 <u>55</u> , and that death occurred at <u>2 P</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Robert Barthel</u>				ADDRESS (Street, city, town, state) <u>Forest Hill Md.</u>		DATE SIGNED <u>1/28/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan 30-56</u>		NAME OF CEMETERY OR CREMATORY <u>Emory</u>		LOCATION (City, town, or county) (State) <u>Harford, Md</u>	
24. REC'D BY REGISTRAR <u>1-31-56</u>		REGISTRAR'S SIGNATURE <u>Russella Foxworth</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Skuntz</u>		ADDRESS <u>2nd</u>	

For a complete list of the names of the persons who have been granted the right to use the word "SHORTCUTS" in connection with their business, see the list of names on the opposite page. The names of the persons who have been granted the right to use the word "SHORTCUTS" in connection with their business are listed in alphabetical order of their names. The names of the persons who have been granted the right to use the word "SHORTCUTS" in connection with their business are listed in alphabetical order of their names.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD

1956

Birth Date: 1911

Official Record of Death

Name of Deceased		Date of Death	
Henry Christy		Aug 2-1978	
Place of Birth		Place of Death	
Gloucester, Mass		Baltimore, Md	
Age at Death		Cause of Death	
68 years		Heart Disease	
Sex		Occupation	
Male		Retired	
Marital Status		Signature of Physician	
Married		[Signature]	
Signature of Registrar		Signature of Medical Examiner	
[Signature]		[Signature]	
Date of Registration		Date of Medical Examination	
Aug 10-1978		Aug 10-1978	

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FEB 2 1956

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00630

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>HARFORD</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>HARFORD</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>HAVERDE GRACE</u>		<u>6 DAYS</u>		TOWN <u>ROCKS</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>HARFORD MEMORIAL HOSP.</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) <u>LAURA</u> (First) <u>COCKERHAM</u> (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 7 1956</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN. 17 1895</u>	9. AGE last birthday <u>70</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>NORTH CAROLINA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>JOHN JONES</u>				14. MOTHER'S MAIDEN NAME <u>MARTHA WEVER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT & ADDRESS <u>Mrs. Martha Knoff, Rocks Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 IMMEDIATE CAUSE (A) <u>CORONARY OCCLUSION</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>Chr Hypertensive Cardio Vascular Disease,</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>With Atrial Fibrillation</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Chr Bronchial Asthma</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> White <input type="checkbox"/> Not white <input type="checkbox"/> el work <input type="checkbox"/> el work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 2 1950</u> to <u>Jan 7 1956</u> , that I last saw the deceased alive on <u>Jan 7 1956</u> , and that death occurred at <u>5:30</u> M. from the causes and on the date stated above.							
SIGNATURE <u>Willard P. Hudson</u> M.D.				ADDRESS (Street, city, town, state) <u>Forest Hill Md</u>		DATE SIGNED <u>1/7/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1-10-56</u>		NAME OF CEMETERY OR CREMATORY <u>MT Zion</u>		LOCATION (City, town, or county) <u>Fountain Green Harford</u> (State) <u>Md</u>	
24. REC'D BY REGISTRAR <u>1-11-56</u>		REGISTRAR'S SIGNATURE <u>Dr. G. V. Dennis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Martha Knoff</u>		ADDRESS <u>Forest Hill Md</u>	

CERTIFICATE OF DEATH

1. NAME OF DECEASED

MARYLAND

2. SEX

MALE

3. AGE

2

4. DATE OF BIRTH

1917

5. PLACE OF BIRTH

MARYLAND

6. OCCUPATION

GOVERNMENT EMPLOYEE

7. CAUSE OF DEATH

CHLORIDE OF SODIUM

BUREAU V. 2

RECEIVED

1-12-22

NOTICE

NOTICE TO THE PUBLIC: This is to certify that the above is a true and correct copy of the original record as kept in the files of the State Department of Health, Baltimore, Maryland.

638

00631

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 182

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Harford	MARYLAND	STATE Maryland	COUNTY Harford
CITY (If outside corporate limits, write RURAL OR and give nearest town) Bel Air	LENGTH OF STAY (in this place) 12 yrs.	CITY (If outside corporate limits write RURAL and give nearest town) Bel Air	TOWN Bel Air
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (First) Ellen (Middle) C (Last) Cook		4. DATE OF DEATH (Month) January (Day) 20 (Year) 1956	
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Feb. 5, 1901
9. AGE last birthday: 54 yrs.		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during part of work life, even if retired): Steno		10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.,	
11. BIRTHPLACE (State or foreign country): North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Wilburn Gillespie		14. MOTHER'S MAIDEN NAME: Martha Holden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: 239-03-4083	
17. INFORMANT & ADDRESS: William A. Cook, Bel Air, Maryland			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
(a) Arteriosclerotic CV disease		
Immediate cause DUE TO		
(b) Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
19b. MAJOR FINDING OF OPERATION:		
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE Lerald C Palmer		DATE SIGNED 1/20/56
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		24. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY LOCAL REG. 1-21-56	DATE THEREOF Jan. 23, 1956	NAME OF CEMETERY OR CREMATORY William Watters
REGISTRAR'S SIGNATURE Prudence Howard	LOCATION (City, town, or county) Jarrettsville, Harford, Md.	
		Howard K. McComas & Son Abingdon Md.

BUREAU V. S.

JAN 24 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00632

639

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Hartford</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Cecil</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Harre-de-Grace</u>		<u>8 days</u>		TOWN <u>Port Deposit</u>		<u>07X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Hartford Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>Box 576, R.D.</u>			
3. NAME OF DECEASED (Type or Print) <u>Beulah Mae Craig</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1-13 1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 6, 1893</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE last birthday <u>62</u> yrs.		IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>				12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME <u>John Taylor</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Bunnett</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Stanley Craig, Port Deposit, Md.</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Cancer right ovary & Ascites</u>				<u>1 yr?</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Acute Hemorrhagic Gastritis</u>				<u>1 month</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Chronic Pyelonephritis</u>				<u>Several years</u>			
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Old inactive rheumatic heart disease</u>				<u>30+ years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-4</u> , <u>12-5</u> , to <u>1-13</u> , <u>1956</u> , that I last saw the deceased alive on <u>1-13</u> , <u>1956</u> , and that death occurred at <u>2:45 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				ADDRESS (Street, city, town, state) <u>Port Deposit, Md.</u>		DATE SIGNED <u>1-14-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1-17-1956</u>		NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>		LOCATION (City, town, or county) (State) <u>Port Deposit, Md. Rural</u>	
24. REC'D BY REGISTRAR <u>[Signature]</u>		REGISTRAR'S SIGNATURE <u>G. L. Lewis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Box, Perryville, Md.</u>	

Funeral 1-17-95
Cathryn County Protestant Ch. Church
Rev. William R. P. Williams

1

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00633

640

CERTIFICATE OF DEATH

Reg. Dist. No. 186-

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Harford</i>		MARYLAND		STATE <i>Maryland</i>		COUNTY <i>Harford</i>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY OR TOWN	
TOWN <i>Harre de Grace</i>		<i>about 35 yrs.</i>		TOWN <i>Harre de Grace</i>		24	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>550 Alliance St.</i>				STREET ADDRESS (If rural give location) <i>550 Alliance St.</i>			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <i>A. bel J. Cromwell</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>1 26 19 56</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>3-6-78</i>	9. AGE last birthday <i>77</i> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Schoolteacher Board of Education</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>James Cromwell</i>				14. MOTHER'S MAIDEN NAME <i>Amanda Oxborn</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT & ADDRESS <i>Mrs. Horace Cromwell - Harre de Grace, Md.</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <i>420.0 Cerebral Vascular Accident + (Thrombosis)</i>				INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>			
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <i>Arterio sclerotic Heart disease</i>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June 10, 19 51</i> , to <i>Jan. 26, 19 56</i> , that I last saw the deceased alive on <i>Jan. 26, 19 56</i> , and that death occurred at <i>12:15 A.M.</i> , from the causes and on the date stated above.							
SIGNATURE <i>George J. Standbury</i>		DATE THEREOF <i>1-29-56</i>		NAME OF CEMETERY OR CREMATORY <i>M.D. 569 Revolution St. Harre de Grace, Md.</i>		DATE SIGNED <i>1/27/56</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		24. REC'D BY REGISTRAR		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		24. REC'D BY REGISTRAR <i>G. J. Lewis M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Atlee J. Bullock</i>		ADDRESS <i>Harre de Grace, Md.</i>	

11500

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 12

CERTIFICATE OF DEATH

Form No. 101

1. USUAL RESIDENCE OF DECEASED

MARYLAND

2. NAME OF DECEASED
3. SEX
4. AGE
5. DATE OF BIRTH
6. PLACE OF BIRTH

7. DATE OF DEATH
8. PLACE OF DEATH

9. CAUSE OF DEATH

10. MANNER OF DEATH

11. SIGNATURE OF DECEASED

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF PHYSICIAN

14. SIGNATURE OF CLERK

15. SIGNATURE OF JUDGE

16. SIGNATURE OF SHERIFF

17. SIGNATURE OF CORONER

18. SIGNATURE OF JURY

19. SIGNATURE OF COURT

20. SIGNATURE OF RECORDS

21. SIGNATURE OF ARCHIVES

BUREAU V. S.

JAN 1908

RECEIVED

RECEIVED

1. I hereby certify that the above is a true and correct copy of the original certificate of death as filed in the office of the Registrar of Deaths for the State of Maryland, and that the same has been duly recorded in the office of the Registrar of Deaths for the State of Maryland.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00634

667

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Harford</i>		MARYLAND		STATE <i>Maryland</i> COUNTY <i>Harford</i>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <i>Havre de Grace about 30 yrs.</i>				TOWN <i>Havre de Grace</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>R. F. D. #1 Box 44</i>				STREET ADDRESS (If rural give location) <i>R. F. D. #1 Box 44</i>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <i>Lee</i>		(Middle) <i>Dawson</i>		(Last) <i>Dawson</i>			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
<i>Male</i>		<i>Nepo</i>		<i>Single</i>		<i>3-4-1889</i>	
						9. AGE last birthday	
						<i>66 yrs.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
<i>Blacksmith</i>				<i>Burnt Ridge Rural Box</i>		<i>Va.</i>	
12. CITIZEN OF WHAT COUNTRY?				<i>U.S.A.</i>			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<i>Unknown</i>				<i>Rena Dawson</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS	
<i>no</i>				<i>215-14-4814</i>		<i>456 N. 21st St. N.W. Mr. Winfield Dawson, Washington, D.C.</i>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
157X IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
<i>Retroperitoneal Sarcoma</i>						<i>8 mos.</i>	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
<input type="checkbox"/>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White et work Not white et work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/2, 1950, to 1/30, 1956, that I last saw the deceased alive on 1/30, 1956, and that death occurred at 11:15 P.M. from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
<i>George T. Stansbury</i>				<i>M.D. 504 Revolution St. Havre de Grace Md.</i>		<i>1/31/56</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>2-4-56</i>		<i>Union Methodist Cemetery</i>		<i>Aberdeen, Md.</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<i>Jan 31-1956</i>		<i>G. L. Lewis M.D.</i>		<i>Otelia J. Bullock-Havre de Grace, Md.</i>			

10001

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18

CERTIFICATE OF DEATH

Form No. 1

1. PLACE OF DEATH

2. DEATH RECORD NUMBER OF DECEASED

3. DATE OF DEATH

4. TIME OF DEATH

5. SEX

6. AGE

7. OCCUPATION

8. CAUSE OF DEATH

9. MANNER OF DEATH

10. SIGNATURE OF DECEASED

11. SIGNATURE OF WITNESSES

12. SIGNATURE OF PHYSICIAN

13. SIGNATURE OF CORONER

14. SIGNATURE OF JURY

15. SIGNATURE OF JUDGE

16. SIGNATURE OF CLERK

17. SIGNATURE OF REGISTRAR

18. SIGNATURE OF VICE REGISTRAR

19. SIGNATURE OF ASSISTANT REGISTRAR

20. SIGNATURE OF DEPUTY REGISTRAR

BUREAU V. S.

FEB 2 1956

RECEIVED

ENCLOSURE

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00635

641

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Hartford</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Hartford</u>			
CITY OR TOWN <u>Harbo de Grace</u>		LENGTH OF STAY (in this place) <u>2 DAYS</u>		CITY OR TOWN <u>Bel Air</u>		32	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>111 East Broadway</u>		1	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Ethel</u>		(Middle) <u>Florence</u>		(Last) <u>Douglas</u>		(Month) <u>January</u> (Day) <u>14</u> (Year) <u>1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2/1/1900</u>	9. AGE last birthday <u>55</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>Loggin Woodie</u>				14. MOTHER'S MAIDEN NAME <u>Mattie Loupe</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Mr. Eula Spivey Forest Hill Rd Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
420. IMMEDIATE CAUSE (A) <u>Coronary Occlusion with myocardial infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic and Hypertensive Cardio-vascular disease</u>				?			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) <u>Underlying cause last</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 13rd</u> , 19 <u>56</u> , to <u>Jan 14th</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 14th</u> , 19 <u>56</u> , and that death occurred at <u>4:45 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Edward Freeman</u>		M.D. <u>211 N. Union Ave. Harbo de Grace, Md.</u>		DATE SIGNED <u>1/14/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan 17 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>		LOCATION (City, town, or county) (State) <u>Spartanburg, N.C.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>G. L. Lewis m.d.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph J. Foster</u>		ADDRESS <u>Bel Air, Md</u>	
DATE <u>Jan 16 - 1956</u>							

CERTIFICATE OF DEATH

Form No. 100-1

1. Name of deceased (Print or write full name)

2. Sex

3. Age

4. Date of death (Month, day, year)

5. Place of death (City, town, village, or other locality)

6. Cause of death (Immediate cause)

7. Cause of death (Underlying cause)

8. Cause of death (Contributing cause)

9. Cause of death (Manner of death)

10. Signature of physician (Print name and sign)

11. Signature of medical examiner (Print name and sign)

12. Signature of coroner (Print name and sign)

13. Signature of registrar (Print name and sign)

14. Signature of funeral director (Print name and sign)

15. Signature of undertaker (Print name and sign)

16. Signature of other official (Print name and sign)

17. Signature of other official (Print name and sign)

18. Signature of other official (Print name and sign)

BUREAU V. S.

JAN 18 1956

RECEIVED

JAN 17 1956

NOTIFICATION

1. Name of deceased (Print or write full name)
2. Sex
3. Age
4. Date of death (Month, day, year)
5. Place of death (City, town, village, or other locality)
6. Cause of death (Immediate cause)
7. Cause of death (Underlying cause)
8. Cause of death (Contributing cause)
9. Cause of death (Manner of death)
10. Signature of physician (Print name and sign)
11. Signature of medical examiner (Print name and sign)
12. Signature of coroner (Print name and sign)
13. Signature of registrar (Print name and sign)
14. Signature of funeral director (Print name and sign)
15. Signature of undertaker (Print name and sign)
16. Signature of other official (Print name and sign)
17. Signature of other official (Print name and sign)
18. Signature of other official (Print name and sign)

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00636

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Hartford</u>		STATE <u>Md.</u>		COUNTY <u>Hartford</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harre-de-Grace</u>		LENGTH OF STAY (in this place) <u>8 hrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Perryman</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Hartford Memorial Hospital</u>		STREET ADDRESS (If rural give location) <u></u>					
3. NAME OF DECEASED (Type or Print) <u>Walter Benjamin DUFF</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>1</u> <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 16 - 1902</u>	9. AGE last birthday <u>53</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Marine, U.S. Govt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Charles A. DUFF</u>				14. MOTHER'S MARDEN NAME <u>Fally Love</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>220-22-0324</u>		17. INFORMANT & ADDRESS <u>Vernon L. Tuff, Aberdeen #1 rd.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
241X IMMEDIATE CAUSE (A) <u>Acute Pulmonary Edema</u>						INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs.</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Cor Pulmonale</u>						<u>yrs.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Chronic Asthma</u>						<u>yrs.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/25</u> , 19 <u>55</u> , to <u>11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11</u> , 19 <u>56</u> , and that death occurred at <u>9:20 p.m.</u> from the causes and on the date stated above.							
SIGNATURE <u>Frederick J. Hatten</u>				ADDRESS (Street, city, town, state) <u>M.D. 177 North Blvd. Perryman Md.</u>		DATE SIGNED <u>11/15/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>1/4/56</u>	NAME OF CEMETERY OR CREMATORY <u>Bakers Cemetery</u>		LOCATION (City, town, or county) <u>Aberdeen Maryland</u>		(State)	
24. REC'D BY REGISTRAR <u>Jan 5-1956</u>	REGISTRAR'S SIGNATURE <u>A. L. Lewis M. D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Garrison</u>		ADDRESS <u>Aberdeen Md.</u>		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00637

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Harford</i>	MARYLAND	STATE <i>Md.</i>	COUNTY <i>Harford</i>
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	OR TOWN
<i>X</i> TOWN <i>RURAL-WHITEFORD</i>	<i>69 yrs.</i>	<i>Whiteford, Rural</i>	<i>X</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	

3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First)	(Middle)	(Last)	
<i>HENRY</i>	<i>B.</i>	<i>ELLIS</i>	
5. SEX:		6. COLOR OR RACE:	
<i>Male</i>	<i>White</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
<i>married</i>		<i>Jan. 9-1887</i>	
9. AGE last birthday		IF UNDER 1 YEAR	
<i>69</i> yrs.		Months Days Hours Min.	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
<i>Farmer</i>		<i>Harford Co. Md.</i>	<i>U.S.A.</i>

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
<i>William T. Ellis</i>	<i>Alice R. White</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.
<i>No</i>	<i>179-09-6464</i>
17. INFORMANT & ADDRESS:	
<i>Myrtle Ellis, Whiteford, Md.</i>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE		
(A) <i>Bilateral hemorrhage</i>		<i>about 5 weeks</i>
ANTECEDENT CAUSE (S)		
(B) <i>hypertension of the</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C) <i>hypertension, 17 years old</i>		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
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19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>0</i>		

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <i>Jan. 25, 1956</i> to <i>Jan. 25, 1956</i> that I last saw the deceased alive on <i>Jan. 25, 1956</i> and that death occurred at <i>3:30 AM</i> , from the causes and on the date stated above.	
SIGNATURE	DATE SIGNED
<i>[Signature]</i>	<i>Jan 27 1956</i>

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>1-28-1956</i>	<i>Mt. Vernon cemetery</i>	<i>Whiteford, Md.</i>
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<i>1-28-56</i>	<i>Priscilla Lowwood</i>	<i>John N. Harbison</i>	<i>Delta, Pa.</i>

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 1 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00638

669

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Hartford</u>		MARYLAND		STATE <u>Md</u>		COUNTY <u>Hartford</u>	
CITY OR TOWN <u>Poplar Grove</u>		LENGTH OF STAY (in this place) <u>5 mo</u>		CITY OR TOWN <u>Poplar Grove, Street RD x</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>10</u>				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Arinda Clarade Epperley</u>				<u>Jan 10 1956</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec 21 1887</u>	9. AGE last birthday <u>68</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pilot, Va</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Marion Hall</u>				14. MOTHER'S MAIDEN NAME <u>Nancy PoeF</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT & ADDRESS <u>Street Everett Epperley Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
420.1 IMMEDIATE CAUSE (A) <u>CARDIO-RESPIRATORY FAILURE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 HOURS</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>ACUTE CORONARY OCCLUSION</u>				<u>48 HOURS</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not while et work <input type="checkbox"/>		21e. INJURY OCCURRED While et work <input type="checkbox"/> Not while et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1953</u> , to <u>10 JAN</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10 JAN</u> , 19 <u>56</u> , and that death occurred at <u>11:30</u> M., from the causes and on the date stated above.							
SIGNATURE <u>H.P. Adcock</u>				DATE SIGNED <u>11 Jan 56</u>			
M. D. <u>Bel Air Md</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan 13-56</u>		NAME OF CEMETERY OR CREMATORY <u>CONTRC</u>		LOCATION (City, town, or county) (State) <u>Forest Hill Md</u>	
24. REC'D BY REGISTRAR <u>1-14-56</u>		REGISTRAR'S SIGNATURE <u>Muriella Lowwood</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin Skutny</u>		ADDRESS <u>Janetsoelle 728</u>	

10032

MARYLAND STATE DEPARTMENT OF HEALTH-CALUMORE, MD

CERTIFICATE OF DEATH

1. DECEASED'S RESIDENT HOME OR DECEASED

2. PLACE OF DEATH

3. SEX

4. AGE

5. OCCUPATION

6. MARITAL STATUS

7. DATE OF BIRTH

8. DATE OF DEATH

9. CAUSE OF DEATH

10. MANNER OF DEATH

11. PLACE OF BIRTH

12. PLACE OF DEATH

13. DATE OF DEATH

14. TIME OF DEATH

15. SIGNATURE OF DECEASED

16. SIGNATURE OF WITNESS

17. SIGNATURE OF PHYSICIAN

18. SIGNATURE OF CLERK

19. SIGNATURE OF JUDGE

20. SIGNATURE OF NOTARY

21. SIGNATURE OF DECEASED

22. SIGNATURE OF WITNESS

23. SIGNATURE OF PHYSICIAN

24. SIGNATURE OF CLERK

25. SIGNATURE OF JUDGE

26. SIGNATURE OF NOTARY

27. SIGNATURE OF DECEASED

28. SIGNATURE OF WITNESS

29. SIGNATURE OF PHYSICIAN

30. SIGNATURE OF CLERK

31. SIGNATURE OF JUDGE

32. SIGNATURE OF NOTARY

33. SIGNATURE OF DECEASED

34. SIGNATURE OF WITNESS

35. SIGNATURE OF PHYSICIAN

36. SIGNATURE OF CLERK

37. SIGNATURE OF JUDGE

38. SIGNATURE OF NOTARY

39. SIGNATURE OF DECEASED

40. SIGNATURE OF WITNESS

41. SIGNATURE OF PHYSICIAN

42. SIGNATURE OF CLERK

43. SIGNATURE OF JUDGE

44. SIGNATURE OF NOTARY

45. SIGNATURE OF DECEASED

46. SIGNATURE OF WITNESS

47. SIGNATURE OF PHYSICIAN

48. SIGNATURE OF CLERK

49. SIGNATURE OF JUDGE

50. SIGNATURE OF NOTARY

51. SIGNATURE OF DECEASED

52. SIGNATURE OF WITNESS

53. SIGNATURE OF PHYSICIAN

54. SIGNATURE OF CLERK

55. SIGNATURE OF JUDGE

56. SIGNATURE OF NOTARY

57. SIGNATURE OF DECEASED

58. SIGNATURE OF WITNESS

59. SIGNATURE OF PHYSICIAN

60. SIGNATURE OF CLERK

61. SIGNATURE OF JUDGE

62. SIGNATURE OF NOTARY

63. SIGNATURE OF DECEASED

64. SIGNATURE OF WITNESS

65. SIGNATURE OF PHYSICIAN

66. SIGNATURE OF CLERK

67. SIGNATURE OF JUDGE

68. SIGNATURE OF NOTARY

69. SIGNATURE OF DECEASED

70. SIGNATURE OF WITNESS

71. SIGNATURE OF PHYSICIAN

72. SIGNATURE OF CLERK

73. SIGNATURE OF JUDGE

74. SIGNATURE OF NOTARY

75. SIGNATURE OF DECEASED

76. SIGNATURE OF WITNESS

77. SIGNATURE OF PHYSICIAN

78. SIGNATURE OF CLERK

79. SIGNATURE OF JUDGE

80. SIGNATURE OF NOTARY

81. SIGNATURE OF DECEASED

82. SIGNATURE OF WITNESS

83. SIGNATURE OF PHYSICIAN

84. SIGNATURE OF CLERK

85. SIGNATURE OF JUDGE

86. SIGNATURE OF NOTARY

87. SIGNATURE OF DECEASED

88. SIGNATURE OF WITNESS

89. SIGNATURE OF PHYSICIAN

90. SIGNATURE OF CLERK

91. SIGNATURE OF JUDGE

92. SIGNATURE OF NOTARY

93. SIGNATURE OF DECEASED

94. SIGNATURE OF WITNESS

95. SIGNATURE OF PHYSICIAN

96. SIGNATURE OF CLERK

97. SIGNATURE OF JUDGE

98. SIGNATURE OF NOTARY

99. SIGNATURE OF DECEASED

100. SIGNATURE OF WITNESS

101. SIGNATURE OF PHYSICIAN

102. SIGNATURE OF CLERK

103. SIGNATURE OF JUDGE

104. SIGNATURE OF NOTARY

105. SIGNATURE OF DECEASED

106. SIGNATURE OF WITNESS

107. SIGNATURE OF PHYSICIAN

108. SIGNATURE OF CLERK

109. SIGNATURE OF JUDGE

110. SIGNATURE OF NOTARY

111. SIGNATURE OF DECEASED

112. SIGNATURE OF WITNESS

113. SIGNATURE OF PHYSICIAN

114. SIGNATURE OF CLERK

115. SIGNATURE OF JUDGE

116. SIGNATURE OF NOTARY

117. SIGNATURE OF DECEASED

118. SIGNATURE OF WITNESS

119. SIGNATURE OF PHYSICIAN

120. SIGNATURE OF CLERK

121. SIGNATURE OF JUDGE

122. SIGNATURE OF NOTARY

BUREAU V. S.

JAN 17 1956

RECEIVED

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

643

00639
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 185

1. PLACE OF DEATH: COUNTY <u>Harford</u> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Harrods Grace</u> LENGTH OF STAY (in this place) <u>0 - 08A</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Memorial Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MD</u> COUNTY <u>HARFORD</u> CITY (If outside corporate limits write RURAL and give nearest town) TOWN <u>Rural Harrods Grace</u> X STREET ADDRESS (If rural, give location) <u>WEBSTER ROAD</u>	
3. NAME OF DECEASED: (Type or Print) <u>Vivian Page Evans</u> (First) (Middle) (Last)		4. DATE OF DEATH <u>January 20</u> 19 <u>56</u> (Month) (Day) (Year)	
5. SEX: <u>MALE</u>	6. COLOR OR RACE: <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>MARRIED</u>	8. DATE OF BIRTH: <u>JUNE 27 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>HOSPITAL AID</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>U.S. HOSPITAL</u>	9. AGE last birthday: <u>61</u> yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country): <u>N.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>JAMES J. EVANS</u>		14. MOTHER'S MAIDEN NAME: <u>GENEVRA POLK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>YES</u> (If Yes, give war or dates of service) <u>WORLD WAR II</u>		16. SOCIAL SECURITY No.: <u>214-26-7602</u>	
17. INFORMANT & ADDRESS: <u>JOHN M. EVANS HARRODS GRACE, MD.</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>420.1</u> Immediate cause (a) <u>Coronary occlusion</u> DUE TO Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) _____			INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <u>Lewell C Palmer</u> CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED _____ DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> _____ M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/> <u>1/20/56</u>			
23. BURIAL, CREMATION, REMOVAL (Specify): <u>BURIAL</u>	DATE THEREOF <u>JAN 22 '56</u>	NAME OF CEMETERY OR CREMATORY <u>MT. ZION</u>	LOCATION (City, town, or county) (State) <u>HARFORD Co. MD.</u>
DATE REC'D BY LOCAL REG <u>JAN. 22 - 1956</u>	REGISTRAR'S SIGNATURE <u>A. L. Lewis M. D.</u>		24. FUNERAL DIRECTOR <u>R. MADISON</u> ADDRESS <u>Mt. Heil Harrods Grace MD.</u>

BUREAU V. 2.

JAN 24 1896

RECEIVED

JAN 24 1896

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00640

Item 21 Film GL92 2-2-56

642

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH COUNTY <u>HARFORD</u> CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Whiteford</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>HARFORD Mem. Hosp.</u>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>HARFORD</u> CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Whiteford</u> STREET ADDRESS (If rural give location) <u>Whiteford</u>			
3. NAME OF DECEASED (Type or Print) <u>Valley MAY FIZER</u> (First) (Middle) (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 17, 1956</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>11/25/1889</u>	9. AGE last birthday <u>66</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>West Va.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Avord Keese</u>				
14. MOTHER'S MAIDEN NAME			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>NO</u>				
16. SOCIAL SECURITY NO.			17. INFORMANT & ADDRESS <u>Howard Fizer - Whiteford, Md.</u>				
18. MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 903.0 IMMEDIATE CAUSE (A) <u>Pneumonia + Malnutrition</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Fractured Hips -</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Decubitus ulcers</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>NO</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, lecture, OF INJURY street, office bldg., etc.) <u>Home</u>		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) <u>Whiteford Harf. Md.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>10-19-55</u>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work		21f. HOW DID INJURY OCCUR? <u>Slipped while going to bathroom</u>			
22. I hereby certify that I attended the deceased from <u>12-22, 1955</u> , to <u>1-17, 1956</u> , that I last saw the deceased alive on <u>1-17, 1956</u> , and that death occurred at <u>1:45 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Wm. K. Breuder</u> M.D.		ADDRESS (Street, city, town, state) <u>Harford, Md.</u> DATE SIGNED <u>1-18-56</u>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>	DATE THEREOF <u>1/20/56</u>	NAME OF CEMETERY OR CREMATORY <u>State Ridge</u>		LOCATION (City, town, or county) (State) <u>Delta, York Co., Pa.</u>			
24. REC'D BY REGISTRAR <u>Jan. 20-1956</u>	REGISTRAR'S SIGNATURE <u>G. L. Lewis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Harkins</u>		ADDRESS <u>Delta, Pa.</u>			

RECEIVED

TO THE DIRECTOR, BUREAU OF VITAL STATISTICS, BALTIMORE, MARYLAND
FROM THE REGISTRAR, BALTIMORE, MARYLAND
SUBJECT: [illegible]
[illegible text follows]

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD

REG. NO. 100

1. NAME OF DECEASED

MARYLAND

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. CAUSE OF DEATH

8. MANNER OF DEATH

9. PLACE OF DEATH

10. TIME OF DEATH

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF PHYSICIAN

13. SIGNATURE OF CORONER

14. SIGNATURE OF JURY

15. SIGNATURE OF WITNESSES

16. SIGNATURE OF CLERK

17. SIGNATURE OF NOTARY

BUREAU V. 8

JAN 23 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00641

645

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		STATE <u>Md</u>		COUNTY			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Harford</u>		LENGTH OF STAY (in this place) <u>2 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>		3801-4	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Memorial Hospital</u>		STREET ADDRESS (If rural give location) <u>2037 E Baltimore St.</u>				✓	
3. NAME OF DECEASED (Type or Print) <u>Howell</u> (First) <u>Fuller</u> (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10</u> <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1904</u> <u>51</u> yrs.	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Glen L. Martin</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Edward A. Fuller</u>				14. MOTHER'S MAIDEN NAME <u>Mary L. Watson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
816X IMMEDIATE CAUSE (A) <u>Fracture skull</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u>Harford Road</u>		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) <u>Fallston</u> <u>Harford</u> <u>Md.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1/8/56</u> <u>130P</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident - auto - auto type</u>			
22. I hereby certify that I attended the deceased from <u>January 8</u> , 19 <u>56</u> , to <u>January 10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan. 10</u> , 19 <u>56</u> , and that death occurred at <u>8:55 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Gerald C Palmer</u>				ADDRESS (Street, city, town, state) <u>Deputy Medical Examiner</u> <u>1/10/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan 13/56</u>		NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cem</u>		LOCATION (City, town, or county) (State) <u>Balta. County</u>	
24. REC'D BY REGISTRAR <u>JAN 12 1956</u>		REGISTRAR'S SIGNATURE <u>Dr. A. L. Lewis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John M. Weber</u> <u>4015 Cherry St.</u>			

SMOULDSERH

THIS IS A CERTIFICATE OF DEATH
ISSUED BY THE STATE DEPARTMENT OF HEALTH
IN ACCORDANCE WITH THE PROVISIONS OF THE
MORALITY ACT, CHAPTER 10, SECTION 10-101
OF THE MARYLAND CODE, ANNOTATED, WHICH
REQUIRES THAT A CERTIFICATE OF DEATH
BE ISSUED BY THE STATE DEPARTMENT OF
HEALTH IN ACCORDANCE WITH THE
PROVISIONS OF THE MORALITY ACT,
CHAPTER 10, SECTION 10-101 OF THE
MARYLAND CODE, ANNOTATED.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

000113

Health Form No. 1

1. NAME OF DECEASED

2. DATE OF DEATH

3. SEX

4. AGE

5. OCCUPATION

6. PLACE OF BIRTH

7. MARITAL STATUS

8. CAUSE OF DEATH

9. PLACE OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF NEXT OF KIN

15. SIGNATURE OF BURIAL OFFICIAL

16. SIGNATURE OF CHURCH OFFICIAL

17. SIGNATURE OF OTHER OFFICIAL

18. SIGNATURE OF DECEASED

19. SIGNATURE OF NEXT OF KIN

20. SIGNATURE OF BURIAL OFFICIAL

21. SIGNATURE OF CHURCH OFFICIAL

22. SIGNATURE OF OTHER OFFICIAL

23. SIGNATURE OF DECEASED

24. SIGNATURE OF NEXT OF KIN

25. SIGNATURE OF BURIAL OFFICIAL

26. SIGNATURE OF CHURCH OFFICIAL

27. SIGNATURE OF OTHER OFFICIAL

28. SIGNATURE OF DECEASED

29. SIGNATURE OF NEXT OF KIN

30. SIGNATURE OF BURIAL OFFICIAL

31. SIGNATURE OF CHURCH OFFICIAL

32. SIGNATURE OF OTHER OFFICIAL

33. SIGNATURE OF DECEASED

34. SIGNATURE OF NEXT OF KIN

35. SIGNATURE OF BURIAL OFFICIAL

36. SIGNATURE OF CHURCH OFFICIAL

37. SIGNATURE OF OTHER OFFICIAL

38. SIGNATURE OF DECEASED

39. SIGNATURE OF NEXT OF KIN

40. SIGNATURE OF BURIAL OFFICIAL

41. SIGNATURE OF CHURCH OFFICIAL

42. SIGNATURE OF OTHER OFFICIAL

43. SIGNATURE OF DECEASED

44. SIGNATURE OF NEXT OF KIN

45. SIGNATURE OF BURIAL OFFICIAL

46. SIGNATURE OF CHURCH OFFICIAL

47. SIGNATURE OF OTHER OFFICIAL

48. SIGNATURE OF DECEASED

49. SIGNATURE OF NEXT OF KIN

50. SIGNATURE OF BURIAL OFFICIAL

51. SIGNATURE OF CHURCH OFFICIAL

52. SIGNATURE OF OTHER OFFICIAL

53. SIGNATURE OF DECEASED

54. SIGNATURE OF NEXT OF KIN

55. SIGNATURE OF BURIAL OFFICIAL

56. SIGNATURE OF CHURCH OFFICIAL

57. SIGNATURE OF OTHER OFFICIAL

58. SIGNATURE OF DECEASED

59. SIGNATURE OF NEXT OF KIN

60. SIGNATURE OF BURIAL OFFICIAL

61. SIGNATURE OF CHURCH OFFICIAL

62. SIGNATURE OF OTHER OFFICIAL

63. SIGNATURE OF DECEASED

64. SIGNATURE OF NEXT OF KIN

65. SIGNATURE OF BURIAL OFFICIAL

66. SIGNATURE OF CHURCH OFFICIAL

67. SIGNATURE OF OTHER OFFICIAL

68. SIGNATURE OF DECEASED

69. SIGNATURE OF NEXT OF KIN

70. SIGNATURE OF BURIAL OFFICIAL

71. SIGNATURE OF CHURCH OFFICIAL

72. SIGNATURE OF OTHER OFFICIAL

73. SIGNATURE OF DECEASED

74. SIGNATURE OF NEXT OF KIN

75. SIGNATURE OF BURIAL OFFICIAL

76. SIGNATURE OF CHURCH OFFICIAL

77. SIGNATURE OF OTHER OFFICIAL

78. SIGNATURE OF DECEASED

79. SIGNATURE OF NEXT OF KIN

80. SIGNATURE OF BURIAL OFFICIAL

81. SIGNATURE OF CHURCH OFFICIAL

82. SIGNATURE OF OTHER OFFICIAL

83. SIGNATURE OF DECEASED

84. SIGNATURE OF NEXT OF KIN

85. SIGNATURE OF BURIAL OFFICIAL

86. SIGNATURE OF CHURCH OFFICIAL

87. SIGNATURE OF OTHER OFFICIAL

88. SIGNATURE OF DECEASED

89. SIGNATURE OF NEXT OF KIN

90. SIGNATURE OF BURIAL OFFICIAL

91. SIGNATURE OF CHURCH OFFICIAL

92. SIGNATURE OF OTHER OFFICIAL

BUREAU V. S.

JAN 17 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A155 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00642

645

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Harford</i>	MARYLAND	STATE <i>md</i>	COUNTY <i>Harford</i>
CITY (If outside corporate limits, write RURAL and give nearest town) <i>24 Lawrence Harbor Rural</i>	LENGTH OF STAY (in this place) <i>Rural</i>	CITY (If outside corporate limits, write RURAL and give nearest town) <i>24 Lawrence Harbor Rural</i>	TOWN <i>24 Lawrence Harbor Rural</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location) <i>Rural</i>	
3. NAME OF DECEASED (Type or Print) <i>John Lee Gardner</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 30 1956</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 17 1862</i>
9. AGE last birthday <i>93</i> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming cattle raiser</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Cattle raiser</i>	
11. BIRTHPLACE (State or foreign country) <i>Carroll Co Md</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13. FATHER'S NAME <i>Andrew H. Gardner</i>		14. MOTHER'S MAIDEN NAME <i>Mary Gussenberg</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT'S ADDRESS <i>John L. Gardner</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
4222 IMMEDIATE CAUSE (A) <i>Map Car 115 Lawrence Harbor Md</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
ANTECEDENT CAUSE(S) DUE TO (B) <i>Cirrhosis</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <i>M.</i>		21e. INJURY OCCURRED White <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 30, 1956</i> , to <i>Jan 30, 1956</i> , that I last saw the deceased alive on <i>Jan 30, 1956</i> , and that death occurred at <i>2 P.M.</i> from the causes and on the date stated above.			
SIGNATURE <i>H. Smidgrass</i>		DATE SIGNED <i>md</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial Feb 2 1956</i>		NAME OF CEMETERY OR CREMATORY <i>Rock Run Cr</i>	
24. REC'D BY REGISTRAR <i>Bertha B. Knight</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Bailey</i>	
REGISTRAR'S SIGNATURE		ADDRESS <i>Wilmington</i>	
DATE <i>Feb 1 1956</i>			

10075

STATE OF MARYLAND DEPARTMENT OF HEALTH - BALTIMORE 12

CERTIFICATE OF DEATH

10075

FILE NO.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

REGISTRATION

STATE OF MARYLAND DEPARTMENT OF HEALTH - BALTIMORE 12

BUREAU V. S.

FEB 8 1936

RECEIVED

670
CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Magnolia</u>		<u>Lifetime</u>		TOWN <u>Magnolia</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Jerry A. Gilbert</u>				<u>Jan. 16, 1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>male</u>	<u>colored</u>	<u>widowed</u>	<u>Dec. 24, 1885</u>	<u>70</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if Stationary Fireman)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
<u>Stationary Fireman</u>			<u>U.S. Govt.,</u>		<u>Magnolia, Maryland</u>		<u>U.S.A.</u>
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>William Gilbert</u>				<u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)			16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS		
<u>no</u>			<u>213-18-01309 A</u>		<u>Annie Harris, Magnolia, Md.,</u>		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							INTERVAL BETWEEN ONSET AND DEATH
443X IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage</u>							<u>5 days</u>
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(B) DUE TO <u>Hypertensive Cardiovascular disease</u>							<u>?</u>
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>1/11</u>, 19<u>56</u>, to <u>1/15</u>, 19<u>56</u>, that I last saw the deceased alive on <u>1/15</u>, 19<u>56</u>, and that death occurred at <u>5:00A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>George J. Stansbury</u>				ADDRESS (Street, city, town, state) <u>569 Revolution St. Havre de Grace, Md.</u>			
DATE <u>1/15</u>				DATE SIGNED <u>1/16/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Jan. 19, 1956</u>		<u>Magnolia Methodist</u>		<u>Magnolia, Harford, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
<u>Jan. 18, 1956</u>		<u>Norma E. Moore</u>		<u>Howard K. Mc Comas & Son, Abingdon, Md.</u>			

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

00013

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

CERTIFICATE OF DEATH

1. USUAL RESIDENCE OF DECEASED

2. DATE OF DEATH

3. PLACE OF DEATH

4. CAUSE OF DEATH

5. MANNER OF DEATH

6. AGENT OF DEATH

7. SEX

8. AGE

9. RACE

10. OCCUPATION

11. MARITAL STATUS

12. EDUCATION

13. RELIGION

14. BIRTH DATE

15. BIRTH PLACE

16. BIRTH TIME

17. BIRTH WEIGHT

18. BIRTH LENGTH

19. BIRTH HEAD CIRCUMFERENCE

20. BIRTH SKIN COLOR

21. BIRTH HAIR COLOR

22. BIRTH EYE COLOR

23. BIRTH BUILD

24. BIRTH DENTAL RECORD

25. BIRTH MEDICAL RECORD

26. BIRTH VACCINATION RECORD

27. BIRTH X-RAY RECORD

28. BIRTH LABORATORY RECORD

29. BIRTH PATHOLOGY RECORD

30. BIRTH RADIOLOGY RECORD

31. BIRTH SURGERY RECORD

32. BIRTH ANATOMY RECORD

33. BIRTH PHYSIOLOGY RECORD

34. BIRTH PSYCHOLOGY RECORD

35. BIRTH SOCIOLOGY RECORD

36. BIRTH ETHNOLOGY RECORD

37. BIRTH LINGUISTICS RECORD

38. BIRTH ANTHROPOLOGY RECORD

39. BIRTH GEOGRAPHY RECORD

40. BIRTH HISTORY RECORD

41. BIRTH POLITICAL SCIENCE RECORD

42. BIRTH ECONOMICS RECORD

43. BIRTH LEGAL RECORD

44. BIRTH JOURNALISM RECORD

45. BIRTH MASS MEDIA RECORD

46. BIRTH COMMUNICATIONS RECORD

47. BIRTH TRANSPORTATION RECORD

48. BIRTH ENVIRONMENTAL RECORD

49. BIRTH AGRICULTURE RECORD

50. BIRTH FISHERIES RECORD

BUREAU V. 2

JAN 19 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00644

CERTIFICATE OF DEATH

Item 9, Film G192 2-15-56 et

Reg. Dist. No. 182

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
TOWN <u>Bel Air (Rural)</u>		<u>1 1/2 mos</u>		TOWN <u>Bel Air (Rural)</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>94 County Home</u>				<u>1</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>John W. Grant</u> (Middle) (Last)				(Month) <u>Jan</u> (Day) <u>31</u> (Year) <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Male</u>	<u>white</u>	<u>Widowed</u>	<u>Jan 14 * 1888</u>	<u>67</u> yrs.	Months <u>0</u> Days <u>14</u>	Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Tomb Stone Dealer</u>		<u>Retired</u>		<u>Upper X Roads Harford Co Md</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>William Grant</u>				<u>Margaret Cunningham</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>no</u>		<u></u>		<u>0310 York Rd Mrs Catherine Main Baltimore</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
<u>420.1</u> IMMEDIATE CAUSE (A) <u>Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>chr Cardio-Vascular Disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 1, 1956</u>, to <u>Jan 31, 1956</u>, that I last saw the deceased alive on <u>1-30-56</u> 19<u>56</u>, and that death occurred at <u>3:45 PM</u>, from the causes and on the date stated above.							
SIGNATURE <u>Willard P. Hudson</u> M.D.				ADDRESS (Street, city, town, state) <u>Forest Hill, Md</u>		DATE SIGNED <u>2-1-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Feb 2-56</u>		<u>St Johns</u>		<u>Hyde Balt Co Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>DATE 2-3-56</u>		<u>Pussilla Lowwood</u>		<u>Martin Skutz</u>		<u>Janetville Md</u>	

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485 2486 2487 2488 2489 2490 2491 2492 2493 2494 2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 2505 2506 2507 2508 2509 2510 2511 2512 2513 2514 2515 2516 2517 2518 2519 2520 2521 2522 2523 2524 2525 2526 2527 2528 2529 2530 2531 2532 2533 2534 2535 2536 2537 2538 2539 2540 2541 2542 2543 2544 2545 2546 2547 2548 2549 2550 2551 2552 2553 2554 2555 2556 2557 2558 2559 2560 2561 2562 2563 2564 2565 2566 2567 2568 2569 2570 2571 2572 2573 2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584 2585 2586 2587 2588 2589 2590 2591 2592 2593 2594 2595 2596 2597 2598 2599 2600 2601 2602 2603 2604 2605 2606 2607 2608 2609 2610 2611 2612 2613 2614 2615 2616 2617 2618 2619 2620 2621 2622 2623 2624 2625 2626 2627 2628 2629 2630 2631 2632 2633 2634 2635 2636 2637 2638 2639 2640 2641 2642 2643 2644 2645 2646 2647 2648 2649 2650 2651 2652 2653 2654 2655 2656 2657 2658 2659 2660 2661 2662 2663 2664 2665 2666 2667 2668 2669 2670 2671 2672 2673 2674 2675 2676 2677 2678 2679 2680 2681 2682 2683 2684 2685 2686 2687 2688 2689 2690 2691 2692 2693 2694 2695 2696 2697 2698 2699 2700 2701 2702 2703 2704 2705 2706 2707 2708 2709 2710 2711 2712 2713 2714 2715 2716 2717 2718 2719 2720 2721 2722 2723 2724 2725 2726 2727 2728 2729 2730 2731 2732 2733 2734 2735 2736 2737 2738 2739 2740 2741 2742 2743 2744 2745 2746 2747 2748 2749 2750 2751 2752 2753 2754 2755 2756 2757 2758 2759 2760 2761 2762 2763 2764 2765 2766 2767 2768 2769 2770 2771 2772 2773 2774 2775 2776 2777 2778 2779 2780 2781 2782 2783 2784 2785 2786 2787 2788 2789 2790 2791 2792 2793 2794 2795 2796 2797 2798 2799 2800 2801 2802 2803 2804 2805 2806 2807 2808 2809 2810 2811 2812 2813 2814 2815 2816 2817 2818

John W. Grant

white

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17. 11. 1941

251

Chrysomelids

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BUREAU V. 3.

9 6 1956

52-18-1

Feb 2nd 1891

2010. 12. 15

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00645

647

CERTIFICATE OF DEATH

Reg. Dist. No. 1805

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>HARFORD</u>		MARYLAND		STATE <u>MARYLAND</u> COUNTY <u>HARFORD</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>HAURE DE GRACE</u>		<u>21 HRS</u>		TOWN <u>HAURE DE GRACE</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>HARFORD MEMORIAL Hosp.</u>				STREET ADDRESS (If rural give location) <u>561 GREEN</u>			
3. NAME OF DECEASED (Type or Print) <u>Edward Frank Hansell</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 1 19 56</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 22, 1890</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Storekeeper - Saw Works Shop</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE last birthday <u>65</u> yrs.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Joseph Hansell</u>				14. MOTHER'S MAIDEN NAME <u>CATHERINE STOVER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>-</u>		16. SOCIAL SECURITY NO. <u>217-03-0984</u>		17. INFORMANT & ADDRESS <u>VIRGINIA A. HANSELL-HAURE DEGRACE</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
420.1 IMMEDIATE CAUSE (A) <u>Arteriosclerotic Cardiac</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic Hypertensive Disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Coronary Thrombosis</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/1</u> , 19 <u>56</u> , to <u>1/1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/1</u> , 19 <u>56</u> , and that death occurred at <u>11</u> <u>15</u> M., from the causes and on the date stated above.							
SIGNATURE <u>Charles J. Foley</u> M.D.				ADDRESS (Street, city, town, state) <u>1400 N. Main St. Md.</u>		DATE SIGNED <u>1/1/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>1-4-1956</u>		NAME OF CEMETERY OR CREMATORY <u>ANGEL HILL CEM. HAURE DEGRACE, MD.</u>		LOCATION (City, town, or county) (State)	
24. REC'D BY REGISTRAR <u>Jan. 3-1956</u>		REGISTRAR'S SIGNATURE <u>A. L. Lewis M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Madison Mitchell</u>		ADDRESS <u>HAURE DEGRACE, MD.</u>	

RECEIVED
 1-4-1956
 Bureau Hill Cem. Hvy. Hvy. Hvy.
 1-4-1956

JAN 4 1956

BUREAU V. 2

217-03-0284 Virginia H. HANSELL
 217-03-0284 Virginia H. HANSELL
 217-03-0284 Virginia H. HANSELL

210-019

217-03-0284 Virginia H. HANSELL

217-03-0284 Virginia H. HANSELL

CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH - BOSTON

00045

672

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

COUNTY HARFORD

MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)

X TOWN RURAL-STREET

LENGTH OF STAY (in this place)

22 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD.COUNTY HARFORD

CITY (If outside corporate limits, write RURAL and give nearest town)

OR TOWN Rural - Street X

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

Edgar Routzahn Hauver

4. DATE (Month)

(Day)

(Year)

OF DEATH: JAN. 17, 1956

5. SEX:

M

6. COLOR OR RACE:

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

Married

8. DATE OF BIRTH:

Sept 19, 1887

9. AGE last birthday

68 yrs.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

Teacher

10B. KIND OF BUSINESS OR INDUSTRY:

Public Schools

11. BIRTHPLACE (State or foreign country):

Myersville, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME:

Theodorus Hauver

14. MOTHER'S MAIDEN NAME:

Charlotte Routzahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)

yes ✓W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

Helen E. Hauver, Street, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

IMMEDIATE CAUSE

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSE (S)

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

Arteriosclerotic cerebro-vascular renal disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

5 mo.4 yrs.2 wks.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While ☐ Not while ☐ at work ☐ at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1951, to Jan. 17, 1956 that I last saw the deceasedalive on Jan. 16, 1956, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE

Charles D. Druff

ADDRESS

Street, Md.

DATE SIGNED

Jan. 18, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL

DATE THEREOF

JAN. 19, 1956

NAME OF CEMETERY OR CREMATORY

BELAIR GARDENS

LOCATION (City, town, or county)

BELAIR, MD.

DATE REC'D BY LOCAL REGISTRAR

1-19-56

REGISTRAR'S SIGNATURE

Priscilla Lowwood

24. FUNERAL DIRECTOR

ADDRESS

John H. Harkins, Delta, Pa.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

JAN 24 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

648

CERTIFICATE OF DEATH

00647

Reg. Dist. No. 185

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>HARFORD</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>HARFORD</u>			
CITY OR TOWN <u>HARVARD de GRACE</u>		LENGTH OF STAY (in this place) <u>4 days</u>		CITY OR TOWN <u>Aldie</u>		RD <u>2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>HARFORD Memorial Hosp.</u>				STREET ADDRESS <u>Aberdeen, Md</u>		(If rural give location)	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Charles</u>		(Middle) <u>Herpel</u>		(Last) <u>Herpel</u>		(Month) <u>January</u> (Day) <u>5</u> (Year) <u>1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Jan 1st. 1880</u>	9. AGE last birthday <u>76</u> Yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gay laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT & ADDRESS <u>Marion Presner, P.O. #2, Aberdeen Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
177X IMMEDIATE CAUSE (A) <u>Carcinoma Prostate</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO (B) <u>General Cardiovascular</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Cerebral</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1956</u> , to <u>Jan 5, 1956</u> , that I last saw the deceased alive on <u>1/5</u> , 1956, and that death occurred at <u>2:10 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Charles J. Foley M.D.</u>		ADDRESS (Street, city, town, state) <u>Churchville, Maryland</u>		DATE SIGNED <u>1/5/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan 8-1956</u>		NAME OF CEMETERY OR CREMATORY <u>Churchville Presbyterian</u>		LOCATION (City, town, or county) (State) <u>Churchville Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>G. L. Lewis M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Garring</u>		ADDRESS <u>Aberdeen Md.</u>	
DATE <u>Jan. 9-1956</u>							

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01829

673

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Belters Rural</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Chesapeake</u>		31	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Conv. Home.</u>				STREET ADDRESS (If rural give location) <u>335 Law Street</u>		1	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Ella J. HIPKINS</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 30 1956</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>Wh</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 16th 1873</u>	9. AGE last birthday <u>82</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home.</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Henry Preston</u>				14. MOTHER'S MAIDEN NAME <u>unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>_____</u>		17. INFORMANT & ADDRESS <u>Virginia M. Goetz - Chesapeake Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>Acute cerebral hemorrhage</u>						?	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Chr. cardio-vascular disease</u>						?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 5</u> , 19 <u>52</u> , to <u>Fe. Jan. 30</u> , 1956, that I last saw the deceased alive on <u>Jan. 29</u> , 19 <u>56</u> , and that death occurred at <u>_____</u> M, from the causes and on the date stated above. SIGNATURE <u>Willard P. Hudson</u> ADDRESS (Street, city, town, state) <u>Forest Hill, Md.</u> DATE SIGNED <u>Jan. 31, 1956</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2/3/56</u>		NAME OF CEMETERY OR CREMATORY <u>Wesleyan Chapel Cemetery</u>		LOCATION (City, town, or county) (State) <u>Chesapeake Md.</u>	
24. REC'D BY REGISTRAR <u>2-7-56</u>		REGISTRAR'S SIGNATURE <u>Priscilla Lowndes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Garming</u>		ADDRESS <u>Chesapeake Md.</u>	

CERTIFICATE OF DEATH

1. DECEASED PERSON'S NAME (Last, first, middle)

2. PLACE OF DEATH

3. SEX (Male or Female)

4. AGE (Years, months, days)

5. DATE OF DEATH

6. TIME OF DEATH

7. CAUSE OF DEATH (Immediate)

8. CAUSE OF DEATH (Underlying)

9. PLACE OF BIRTH

10. DATE OF BIRTH

11. OCCUPATION

12. MARITAL STATUS

13. EDUCATION

14. RELIGION

15. PREVIOUS ILLNESS

16. MEDICAL HISTORY

17. SIGNATURE OF PHYSICIAN

18. SIGNATURE OF REGISTRAR

19. SIGNATURE OF WITNESSES

20. SIGNATURE OF DECEASED

21. SIGNATURE OF FUNERAL HOME

22. SIGNATURE OF CHURCH

23. SIGNATURE OF CEMETERY

24. SIGNATURE OF BURIAL SOCIETY

25. SIGNATURE OF INTERVIEWER

26. SIGNATURE OF ASSISTANT

27. SIGNATURE OF CLERK

28. SIGNATURE OF OFFICIAL

29. SIGNATURE OF JUDGE

30. SIGNATURE OF SHERIFF

31. SIGNATURE OF CONSTABLE

32. SIGNATURE OF TOWNSHIP CLERK

33. SIGNATURE OF COUNTY CLERK

34. SIGNATURE OF STATE CLERK

35. SIGNATURE OF PRESIDENT

36. SIGNATURE OF VICE PRESIDENT

37. SIGNATURE OF SENATOR

38. SIGNATURE OF REPRESENTATIVE

39. SIGNATURE OF GOVERNOR

40. SIGNATURE OF COMMISSIONER

41. SIGNATURE OF SECRETARY

42. SIGNATURE OF ASSISTANT SECRETARY

43. SIGNATURE OF CHIEF CLERK

44. SIGNATURE OF DEPUTY CLERK

45. SIGNATURE OF RECORDS CLERK

46. SIGNATURE OF FILE CLERK

47. SIGNATURE OF RECEPTION CLERK

48. SIGNATURE OF DISTRIBUTION CLERK

49. SIGNATURE OF MAIL CLERK

50. SIGNATURE OF TELETYPE CLERK

51. SIGNATURE OF TELEPHONE CLERK

52. SIGNATURE OF STENOGRAPHER

53. SIGNATURE OF TYPESETTER

54. SIGNATURE OF PRINTER

55. SIGNATURE OF BINDER

56. SIGNATURE OF COVER

57. SIGNATURE OF LABEL

58. SIGNATURE OF INDEX

59. SIGNATURE OF SUMMARY

60. SIGNATURE OF REPORT

61. SIGNATURE OF RECORD

62. SIGNATURE OF FILE

63. SIGNATURE OF RECEPTION

64. SIGNATURE OF DISTRIBUTION

65. SIGNATURE OF MAIL

66. SIGNATURE OF TELETYPE

67. SIGNATURE OF TELEPHONE

68. SIGNATURE OF STENOGRAPHER

69. SIGNATURE OF TYPESETTER

70. SIGNATURE OF PRINTER

71. SIGNATURE OF BINDER

72. SIGNATURE OF COVER

73. SIGNATURE OF LABEL

74. SIGNATURE OF INDEX

75. SIGNATURE OF SUMMARY

76. SIGNATURE OF REPORT

77. SIGNATURE OF RECORD

78. SIGNATURE OF FILE

79. SIGNATURE OF RECEPTION

80. SIGNATURE OF DISTRIBUTION

81. SIGNATURE OF MAIL

82. SIGNATURE OF TELETYPE

83. SIGNATURE OF TELEPHONE

84. SIGNATURE OF STENOGRAPHER

85. SIGNATURE OF TYPESETTER

86. SIGNATURE OF PRINTER

87. SIGNATURE OF BINDER

88. SIGNATURE OF COVER

89. SIGNATURE OF LABEL

90. SIGNATURE OF INDEX

91. SIGNATURE OF SUMMARY

92. SIGNATURE OF REPORT

93. SIGNATURE OF RECORD

94. SIGNATURE OF FILE

95. SIGNATURE OF RECEPTION

96. SIGNATURE OF DISTRIBUTION

97. SIGNATURE OF MAIL

98. SIGNATURE OF TELETYPE

99. SIGNATURE OF TELEPHONE

100. SIGNATURE OF STENOGRAPHER

BUREAU V. S.

FEB 9 1956

RECEIVED

STANDARD FORM NO. 100-10

1

INSTRUCTIONS

1. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

649

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00648

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Har-de-Grace</u> THRS HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Memorial Hospital</u>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Harford</u> CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Darlington</u> STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>Mary</u> (First) <u>James</u> (Middle) (Last)				4. DATE OF DEATH (Month) <u>1</u> (Day) <u>15</u> (Year) <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 17, 1882</u>	9. AGE last birthday <u>73</u> yrs.	10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		11. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Richard Smith</u>				14. MOTHER'S MAIDEN NAME <u>Cassandra Bird</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT & ADDRESS <u>Gilbert Smith</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443X IMMEDIATE CAUSE (A) <u>Arterio Sclerosis</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Coronary Arteriosclerosis</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) <u>Myocardial Infarction</u> STATING UNDERLYING CAUSE LAST. <u>Cerebral Hemorrhage</u>				18. MEDICAL CERTIFICATION <u>Wardington Md</u> INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 15, 1956</u> , to <u>Jan 15, 1956</u> , that I last saw the deceased alive on <u>Jan 15, 1956</u> , and that death occurred at <u>9:05 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Charles J. Feltz</u> M.D.				ADDRESS (Street, city, town, state) <u>Harford Md</u>		DATE SIGNED <u>1/15/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan 18, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Wardington Cem</u>		LOCATION (City, town, or county) (State) <u>Harford Co, Md.</u>	
24. REC'D BY REGISTRAR <u>Jan 24, 1956</u>		REGISTRAR'S SIGNATURE <u>G. L. Lewis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Bailey</u>		ADDRESS <u>Wardington Md</u>	

66018

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD.

CERTIFICATE OF DEATH

Block Dist. No.

1. LOCAL HEALTH OFFICE OF JURISDICTION

MARYLAND

COUNTY OF BALTIMORE

CITY OF BALTIMORE

WARD OF BALTIMORE

STREET OF BALTIMORE

2. DATE OF DEATH

1936

MONTH OF DEATH

DAY OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

1. LOCAL HEALTH OFFICE OF JURISDICTION

2. DATE OF DEATH

3. MONTH OF DEATH

4. DAY OF DEATH

5. TIME OF DEATH

6. PLACE OF DEATH

7. CAUSE OF DEATH

8. LOCAL HEALTH OFFICE OF JURISDICTION

9. DATE OF DEATH

10. MONTH OF DEATH

11. DAY OF DEATH

12. TIME OF DEATH

13. PLACE OF DEATH

14. CAUSE OF DEATH

15. LOCAL HEALTH OFFICE OF JURISDICTION

16. DATE OF DEATH

17. MONTH OF DEATH

18. DAY OF DEATH

19. TIME OF DEATH

20. PLACE OF DEATH

21. CAUSE OF DEATH

22. LOCAL HEALTH OFFICE OF JURISDICTION

23. DATE OF DEATH

24. MONTH OF DEATH

25. DAY OF DEATH

26. TIME OF DEATH

27. PLACE OF DEATH

28. CAUSE OF DEATH

29. LOCAL HEALTH OFFICE OF JURISDICTION

30. DATE OF DEATH

BUREAU V. S.

JAN 26 1936

RECEIVED

ENCLOSURE

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00649

650

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>HARFORD</u>		MARYLAND		STATE <u>MD.</u>		COUNTY <u>HARFORD</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>24 HAVRE DE GRACE</u>		LENGTH OF STAY (in this place) <u>LIFE</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>24 HAVRE DE GRACE</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>735 ONTARIO ST.</u>				STREET ADDRESS (If rural give location) <u>735 ONTARIO ST.</u>			
3. NAME OF DECEASED (Type or Print) <u>MARY ETTA GIBSON JOES</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 11 1956</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 8, 1872</u>	9. AGE last birthday <u>83</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JAMES GIBSON</u>				14. MOTHER'S MAIDEN NAME <u>ANNIE E. CALLWELL</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT & ADDRESS <u>MRS. Wm. S. JOHNSON</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422.1 IMMEDIATE CAUSE (A) Senile Debility</u>							
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>(B) Cardio Vascular Disease</u>							
<u>(C)</u>							
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8/4</u> , 19 <u>54</u> , to <u>1-10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-10</u> , 19 <u>56</u> , and that death occurred at <u>9:15 AM</u> , from the causes and on the date stated above. SIGNATURE <u>[Signature]</u> ADDRESS (Street, city, town, state) <u>1-12-56</u> DATE SIGNED							
23. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		DATE THEREOF <u>JAN. 14 1956</u>		NAME OF CEMETERY OR CREMATORY <u>ANGEL HILL CEM</u>		LOCATION (City, town, or county) (State) <u>HAVRE DE GRACE, MD.</u>	
24. REC'D BY REGISTRAR <u>[Signature]</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>HAVRE DE GRACE, MD.</u>	

MAHSE DE GRACE

72 017474 289

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Ms. A. 9. 2. 1875

Q M

Wm. E. Carter

Mrs W. J. V. 2nd W. 2nd
on Spring 2nd

BUREAU V. S.

DECEMBER

22.15.147 7th + 12th April 1914 (2nd) HAVE BEGRACE 10

8.11.12 at 11:50 AM

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

651

CERTIFICATE OF DEATH

00650

Reg. Dist. No. 185-

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		STATE <u>Md</u>		COUNTY <u>Harford</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harford</u>		LENGTH OF STAY (in this place) <u>5 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Edgewood</u>			
TOWN <u>Harford</u>				TOWN <u>Edgewood</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Memorial</u>				STREET ADDRESS (If rural give location) <u></u>			
3. NAME OF DECEASED (Type or Print) <u>Theresa Laurine P Jones</u>				4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>2</u> (Year) <u>1956</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 21, 1924</u>	
9. AGE last birthday <u>31</u> yrs.		10. IF UNDER 1 YEAR Months <u></u> Days <u></u>		11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Clerk</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Aircraft</u>		11. BIRTHPLACE (State or foreign country) <u>Penn</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>							
13. FATHER'S NAME <u>James Peltier</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u> (If Yes, give war or dates of service) <u></u>				16. SOCIAL SECURITY NO. <u>212-22-8940</u>		17. INFORMANT & ADDRESS <u>Kenneth E. Jones, Jr., Edgewood, R.D. Md.</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
570.5 IMMEDIATE CAUSE (A) <u>Tetanus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs. 5 days</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Intestinal obstruction</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Volvulus secondary to multiple adhesions.</u>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Pneumonia - Septicemia</u>				<u>36 hrs.</u>			
19a. DATE OF OPERATION <u>Dec. 31, 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Pelvic abscess drained through Culdesac</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) M. <input type="checkbox"/> A. <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 27, 1955</u> , to <u>Jan. 2, 1956</u> , that I last saw the deceased alive on <u>Jan. 1, 1956</u> , and that death occurred at <u>10:25 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>William A. Tyson</u> M.D.				DATE SIGNED <u>Jan. 2, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>				24. REC'D BY REGISTRAR <u>Jan 5-1956</u>			
DATE THEREOF <u>Jan. 5, 1956</u>				NAME OF CEMETERY OR CREMATORY <u>Bel Air Memorial Gardens</u>			
LOCATION (City, town, or county) <u>Bel Air, Harford, Md.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard K. McGowan & Son</u>			
REGISTRAR'S SIGNATURE <u>G. L. Lewis M.D.</u>				ADDRESS <u>Abingdon, Md.</u>			

CERTIFICATE OF DEATH

Form 10-1-54

1. NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. CAUSE OF DEATH

8. MANNER OF DEATH

9. PLACE OF DEATH

10. DATE OF DEATH

11. SIGNATURE OF DECEASED

12. SIGNATURE OF WITNESS

13. SIGNATURE OF PHYSICIAN

14. SIGNATURE OF CORONER

15. SIGNATURE OF JURY

16. SIGNATURE OF JUDGE

17. SIGNATURE OF CLERK

18. SIGNATURE OF REGISTRAR

19. SIGNATURE OF VICE REGISTRAR

20. SIGNATURE OF ASSISTANT REGISTRAR

21. SIGNATURE OF ASSISTANT VICE REGISTRAR

22. SIGNATURE OF ASSISTANT ASSISTANT REGISTRAR

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43. SIGNATURE OF ASSISTANT ASSISTANT ASSISTANT ASSISTANT ASSISTANT ASSISTANT ASSISTANT ASSISTANT ASSISTANT ASSISTANT ASSISTANT ASSISTANT VICE REGISTRAR

BUREAU V. S.

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INVESTIGATION

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

652

CERTIFICATE OF DEATH

00651

Reg. Dist. No. 185

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Harford</i> STATE <i>MARYLAND</i>				STATE <i>Maryland</i> COUNTY <i>Harford</i>			
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Harford</i>				CITY (If outside corporate limits, write RURAL and give nearest town) <i>Harford</i>			
TOWN <i>Harford</i>				TOWN <i>Harford</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location) <i>729 Ontario</i>			
3. NAME OF DECEASED (Type or Print) <i>Hila Burlin Heatley</i>				4. DATE OF DEATH (Month) <i>1/24</i> (Day) <i>56</i> (Year) <i>19</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>1/24/1883</i>	9. AGE last birthday <i>74</i> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Port Deposit, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Samuel O. Burlin</i>				14. MOTHER'S MAIDEN NAME <i>Mary E. Carroll</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i> (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. <i>Unknown</i>		17. INFORMANT & ADDRESS <i>Barth H. Evans 729 Ontario</i>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
331X IMMEDIATE CAUSE (A) <i>Pulmonary Oedema</i>						<i>1 day -</i>	
ANTECEDENT CAUSE(S) DUE TO (B) <i>Cerebral Vascular Hemorrhage</i>						<i>6 days -</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <i>Malignant hypertension</i>						<i>10 years -</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> P. <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June 19, 1950</i> to <i>Jan 24, 1956</i> , that I last saw the deceased alive on <i>1/24/56</i> , 19 <i>56</i> , and that death occurred at <i>2 A</i> M, from the causes and on the date stated above.							
SIGNATURE <i>Frank Weibert M.D.</i>		M.D. <i>Harford free Maryland</i>		ADDRESS (Street, city, town, state) <i>Jan 26, 1956</i>		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Removal</i>		DATE THEREOF <i>1/26/56</i>		NAME OF CEMETERY OR CREMATORY <i>Angel Hill</i>		LOCATION (City, town, or county) (State) <i>Harford Harford Md.</i>	
24. REC'D BY REGISTRAR <i>Jan 26 - 1956</i>		REGISTRAR'S SIGNATURE <i>G. L. Lewis M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Barth H. Evans</i>		ADDRESS <i>Harford Harford Md.</i>	

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00652

653

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Hartford</u>		MARYLAND		STATE <u>MD.</u>		COUNTY <u>Hartford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Havre de Grace</u>		LENGTH OF STAY (in this place) <u>1 day</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Havre de Grace</u>		STREET ADDRESS (If rural give location) <u>R.D.#2 EARLTON RD.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Hartford Mem. Hosp.</u>				STREET ADDRESS <u>R.D.#2 EARLTON RD.</u>			
3. NAME OF DECEASED (Type or Print) <u>Mildred M Kelly</u>				4. DATE OF DEATH (Month) <u>JAN</u> (Day) <u>18</u> (Year) <u>19 56</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>9/27/1895</u>	9. AGE last birthday <u>60</u> yrs.	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>N. C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Lucien McLean</u>				14. MOTHER'S MAIDEN NAME <u>Elsie Gibson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT & ADDRESS <u>Clyde J. Kelly, Jr. - R.D.#2 EARLTON RD. - Havre de Grace</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
416x IMMEDIATE CAUSE (A) <u>Cardiac Failure Decompensation</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Rheumatic Heart Disease and arteriosclerotic Cardiovascular disease</u>						<u>years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>NO</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office-bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. _____		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 15th, 1954</u> , to <u>Jan 18th, 1956</u> , that I last saw the deceased alive on <u>Jan 18th, 1956</u> , and that death occurred at <u>2:10 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Edward Gibson</u>		DATE THEREOF <u>JAN 19 1956</u>		NAME OF CEMETERY OR CREMATORY <u>MOUNT LAWN CEM. WAKE CO.</u>		LOCATION (City, town, or county) (State) <u>N.C.</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Removal</u>		DATE THEREOF <u>JAN 19 1956</u>		NAME OF CEMETERY OR CREMATORY <u>MOUNT LAWN CEM. WAKE CO.</u>		LOCATION (City, town, or county) (State) <u>N.C.</u>	
24. REC'D BY REGISTRAR DATE <u>Jan 18-1956</u>		REGISTRAR'S SIGNATURE <u>A. L. Lewis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Madison Mitchell</u>		ADDRESS <u>HAVRE DE GRACE MD</u>	

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00653

CERTIFICATE OF DEATH

Reg. Dist. No. 180

Item 9, Film G191 1-16-56 et

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Harford</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Abingdon, Md.</u>				STREET OR TOWN <u>Street, Md.</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Route 7</u>				STREET ADDRESS (If rural give location) <u>R. F. D. #1</u>			
3. NAME OF DECEASED (Type or Print) <u>Ernest Walter Lee</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>January 5 19 56</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-12-1903</u>	
9. AGE last birthday <u>52</u> yrs.		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Musical Handler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Army Chemical Center</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Thomas Lee</u>				14. MOTHER'S MAIDEN NAME <u>Susie V. Williamson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>217-07-9578</u>		17. INFORMANT & ADDRESS <u>Mrs. Anna Lee - Street, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
816X IMMEDIATE CAUSE (A) <u>Asph, xia, accidental, due to</u>						-	
ANTECEDENT CAUSE(S) DUE TO <u>drowning following due to</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <u>accident</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u>Route 7</u>		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) <u>Abingdon Harford Md.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 5, 1956 8:30 P. M.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident, anti - auto type</u>			
22. I hereby certify that I attended the deceased from 19....., to..... 19....., that I last saw the deceased alive on..... 19....., and that death occurred at..... M, from the causes and on the date stated above.							
SIGNATURE <u>Gerald C Palmer</u>				ADDRESS (Street, city, town, state) <u>Palmer - Harford Md.</u> DATE SIGNED <u>1/6/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1-10-56</u>		NAME OF CEMETERY OR CREMATORY <u>Clark's Chapel Cemetery</u>		LOCATION (City, town, or county) <u>Palmer - Harford Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Norma G. Moore</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ottis J. Bullock-Harford Md.</u>		ADDRESS	
DATE <u>Jan 8, 1956</u>							

1915

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD.

CERTIFICATE OF DEATH

DEATH OF PERSONS WHOSE DEATH IS REPORTED

NAME OF DECEASED
AGE
SEX
RACE
DATE OF BIRTH
DATE OF DEATH

PLACE OF BIRTH
PLACE OF DEATH
CITY
COUNTY
STATE

DATE OF DEATH
TIME OF DEATH
PLACE OF DEATH
CITY
COUNTY
STATE

CAUSE OF DEATH
DISEASE OR INJURY
MANNER OF DEATH
PLACE OF DEATH
CITY
COUNTY
STATE

DATE OF DEATH
TIME OF DEATH
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NOTIFICATION

NOTIFICATION TO THE ATTORNEY GENERAL OF THE STATE OF MARYLAND OF THE DEATH OF A PERSON WHOSE DEATH IS REPORTED TO THE DEPARTMENT OF HEALTH. The notification shall be filed with the Department of Health within ten days of the date of the death. The notification shall be in the form of a certificate of death, and shall be signed by the physician or other person who has attended the deceased, or by the coroner, or by the registrar of the vital statistics. The notification shall be filed with the Department of Health, and a copy shall be sent to the Attorney General of the State of Maryland.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

654

CERTIFICATE OF DEATH

00654

Reg. Dist. No. 185

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>HARFORD</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>HARFORD</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>HAVRE DE GRACE</u>		<u>LIFE</u>		TOWN <u>HAVRE DE GRACE</u>		<u>24</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>709 MARKET, ST.</u>				STREET ADDRESS (If rural give location) <u>709 MARKET, ST</u>			
3. NAME OF DECEASED (Type or Print) <u>RUTH BROADWATER LOTZ</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 29 1956</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>DEC. 14 1908</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TELEPHONE OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.A.P. TEL</u>		9. AGE last birthday <u>47</u> yrs.		11. BIRTHPLACE (State or foreign country) <u>MD</u>	
13. FATHER'S NAME <u>DANIEL BROADWATER</u>				14. MOTHER'S MAIDEN NAME <u>EMMA WILSON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>—</u>				16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT & ADDRESS <u>EMMA W.B. BAKER - HAVRE DE GRACE MD.</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
151X IMMEDIATE CAUSE (A) <u>Carcinoma Stomach</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>General Carcinomatosis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Chronic</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)				21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept. 1, 1952</u> , to <u>Jan 29, 1956</u> , that I last saw the deceased alive on <u>Jan 29, 1956</u> , and that death occurred at <u>10</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Charles J. Foley M.D.</u>				ADDRESS (Street, city, town, state) <u>Havre de Grace MD</u>		DATE SIGNED <u>1/30/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>JAN 30-56</u>		NAME OF CEMETERY OR CREMATORY <u>ANGEL HILL CEM</u>		LOCATION (City, town, or county) (State) <u>HAVRE DE GRACE MD.</u>	
24. REC'D BY REGISTRAR <u>Jan 31-1956</u>		REGISTRAR'S SIGNATURE <u>A. L. Lewis M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Madison Mitchell</u>		ADDRESS <u>HAVRE DE GRACE MD.</u>	

CERTIFICATE OF DEATH

623

DEPT. HEALTH

IN LOCAL RESIDENCE OTHER THAN DEATH

PLACE OF DEATH

HARRY ANN

DAUGHTER OF

WILLIAM J. HARRIS

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IN RESIDENCE OF DEATH

PLACE OF DEATH

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BUREAU V. S.

FEB 1 1956

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DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Hartford</i>		MARYLAND		STATE <i>Maryland</i>		COUNTY <i>Hartford</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>24 Moore & Grace.</i>		LENGTH OF STAY (In this place) <i>Y.O.A.</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>99 Aberdeen Rural #1. X</i>		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Hartford Memorial</i>				STREET ADDRESS (If rural give location) <i>1</i>			
3. NAME OF DECEASED (Type or Print) <i>Gilbert</i> (First) <i>Clay</i> (Middle) <i>Wabe.</i> (Last)				4. DATE OF DEATH (Month) (Day) (Year) <i>January 5 1956</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>married</i>	8. DATE OF BIRTH <i>Oct 7th 1922</i>	9. AGE last birthday <i>33</i> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machine operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Shoe factory</i>		11. BIRTHPLACE (State or foreign country) <i>North Carolina</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Wiley Arthur Wabe.</i>				14. MOTHER'S MAIDEN NAME <i>Floora Funnis Phouts.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO. <i>246-22-2930</i>		17. INFORMANT & ADDRESS <i>W. Edison Wabe, Belcamp. Md.</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
816X IMMEDIATE CAUSE (A) <i>Fracture skull</i>						INTERVAL BETWEEN ONSET AND DEATH <i>-</i>	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B)							
STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <input checked="" type="checkbox"/>		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i>Route 7</i>		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) <i>Abingdon</i> <i>Hartford Md.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <i>12 Jan 5 1956 8:30 P M.</i>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Auto accident, auto-auto type</i>			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....M, from the causes and on the date stated above.							
SIGNATURE <i>Leander E Palmer</i>				ADDRESS (Street, city, town, state) <i>M.D. Deputy Medical Examiner</i>		DATE SIGNED <i>1/6/56</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>Jan 9 1956</i>		NAME OF CEMETERY OR CREMATORY <i>Sharon Baptist Cemetery</i>		LOCATION (City, town, or county) <i>Forrest Hill, Maryland</i>	
24. REC'D BY REGISTRAR <i>Jan 9 1956</i>		REGISTRAR'S SIGNATURE <i>G. L. Lewis M. D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>John G. Sarring</i>		ADDRESS <i>Aberdeen Md.</i>	

INSTRUCTIONS

This form is to be filled out by the physician or other qualified person who has attended the deceased and is to be submitted to the Bureau of Health Statistics, State Department of Health, Baltimore, Md. It is to be filled out for all deaths, whether or not the death is due to natural causes, and whether or not the death is due to violence or accident. It is to be filled out for all deaths, whether or not the death is due to natural causes, and whether or not the death is due to violence or accident. It is to be filled out for all deaths, whether or not the death is due to natural causes, and whether or not the death is due to violence or accident.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

04553

Reg. Form No. 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES

MARYLAND

BUREAU V. S.

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Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 185

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Harford</i>	MARYLAND	STATE <i>md</i>	COUNTY <i>Baltimore</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Harre De Grace</i>	LENGTH OF STAY (in this place) <i>1 day</i>	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <i>Long Green 03X-2</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>POA Harford Memorial</i>		STREET ADDRESS (If rural, give location) <i>Long Green Manor Rd</i>	
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First) <i>Mary</i>	(Middle)	(Last) <i>Mamma</i>	(Month) (Day) (Year) <i>January 8 1956</i>
5. SEX: <i>Female</i>	6. COLOR OR RACE: <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Widowed</i>	8. DATE OF BIRTH: <i>Feb 16 - 1894</i>
9. AGE last birthday: <i>61</i> yrs.		10. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>Home</i>	
11. BIRTHPLACE (State or foreign country): <i>Balto. md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME: <i>Charles E Reinhard</i>		14. MOTHER'S MAIDEN NAME: <i>Emily A Francis</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY No.: <i>None</i>	
17. INFORMANT & ADDRESS: <i>David E Mamma Manor Rd Long Green md</i>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
(a) Immediate cause <i>Fracture Skull</i>		<i>2 hr</i>
(b) Antecedent cause(s) <i>816X</i>		
(c) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Fracture L. Femur</i>		<i>2 hr</i>
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY <i>Route 152</i>	21c. (City or town) (County) (State) <i>Fork Baltimore Md.</i>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>03 11/8/56 P.M.</i>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Auto accident auto-auto type</i>
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE <i>Ronald C Palmer</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <i>1/8/56</i>
		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>
		ASSISTANT MEDICAL EXAM. <input type="checkbox"/>
23. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial</i>	DATE THEREOF <i>1/11/56</i>	NAME OF CEMETERY OR CREMATORY <i>Wilson Mth Cem.</i>
LOCATION (City, town, or county) (State) <i>Balto md</i>		
DATE REC'D BY LOCAL REG. <i>1/10/56</i>	REGISTRAR'S SIGNATURE <i>C.W. Hedrick</i>	24. FUNERAL DIRECTOR ADDRESS <i>Lassaline Funeral Home 7401 Belair Rd</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Harford</i>		MARYLAND		STATE <i>Md</i>		COUNTY <i>Harford</i>	
CITY - (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <i>Heublis</i>				TOWN <i>Heublis</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
00				<i>Street Rural</i>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
<i>Maie T. McCann</i>				<i>Jan 31, 1956</i>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<i>Female</i>	<i>White</i>	<i>Married</i>		<i>75</i> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<i>Housewife at home</i>		<i>Harford Co, Md</i>		<i>USA</i>			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<i>Wm. T. Thompson</i>				<i>Margaret Russell</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, mo, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S ADDRESS			
<i>No</i>		<i>No</i>		<i>Mr. Wm. McCann</i>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
331X IMMEDIATE CAUSE (A)				<i>Cerebral Hemorrhage</i>			
ANTECEDENT CAUSE(S) DUE TO				<i>Arterio Sclerosis</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				<i>4 Yrs</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
<i>Yes</i>				YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 31, 1956, to Jan 31, 1956, that I last saw the deceased alive on Jan 31, 1956, and that death occurred at M, from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
<i>H. H. Hodge</i>				<i>2/1/56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>Feb. 3, 1956</i>		<i>Heublis Cem</i>		<i>Harford Co, Md.</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<i>Feb. 1, 1956</i>		<i>C. W. Kirk</i>		<i>H. D. Bailey</i>		<i>Darlington, Md.</i>	

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

CERTIFICATE OF DEATH

1. Name of deceased (Print or write full name)

2. Sex

3. Age

4. Date of birth

5. Place of birth

6. Race

7. Occupation

8. Cause of death

9. Date of death

10. Place of death

11. Signature of physician

12. Signature of registrar

13. Signature of informant

14. Signature of witness

15. Signature of funeral director

16. Signature of undertaker

17. Signature of cemetery

18. Signature of church

19. Signature of school

20. Signature of other

BUREAU V. B.

FEB 14 1956

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

657

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		MARYLAND		STATE <u>Md</u>		COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Harford</u>		<u>15 days</u>		TOWN <u>Edgewood</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Memorial Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>Martin</u> (Middle) <u>A</u> (Last) <u>Necker</u>				<u>Jan 15</u>		<u>19 56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 11, 1873</u>	9. AGE last birthday <u>82</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Track Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Anna Bunn</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>717-07- 5425</u>		17. INFORMANT & ADDRESS <u>Mrs. William Fertig, Edgewood, Md.,</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>Auricular Fibrillation and Peripheral vascular collapse</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Chr. Hypertensive Cardio-vascular Disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Chr. Prostatism</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1955, 19, to January 15, 1956, that I last saw the deceased alive on Jan. 15, 1956, and that death occurred at 9:23 AM, from the causes and on the date stated above.							
SIGNATURE <u>Willard P. Hudson</u> M.D. Forest Hill, Md.				DATE SIGNED <u>1-16-56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 18, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Bel Air Memorial Gardens</u>		LOCATION (City, town, or county) (State) <u>Bel Air, Harford, Md.</u>	
24. REC'D BY REGISTRAR <u>Jan. 17-1956</u>		REGISTRAR'S SIGNATURE <u>A. L. Lewis M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard K. McComas & Son</u> ADDRESS <u>Abingdon, Md.,</u>			

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

00657

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 10

CERTIFICATE OF DEATH

Form 10-1-1

1. Name of deceased (Print or write full name)

2. Date of death

3. Place of death

4. Cause of death (Print or write full name)

5. Nature of disease or injury (Print or write full name)

6. Duration of disease or injury (Print or write full name)

7. Name of attending physician (Print or write full name)

8. Name of medical examiner (Print or write full name)

9. Name of coroner (Print or write full name)

10. Name of registrar (Print or write full name)

11. Name of funeral director (Print or write full name)

12. Name of cemetery (Print or write full name)

13. Name of place of burial (Print or write full name)

14. Name of place of interment (Print or write full name)

15. Name of place of cremation (Print or write full name)

16. Name of place of entombment (Print or write full name)

17. Name of place of inhumation (Print or write full name)

18. Name of place of disposition (Print or write full name)

19. Name of place of disposal (Print or write full name)

20. Name of place of disposal (Print or write full name)

21. Name of place of disposal (Print or write full name)

22. Name of place of disposal (Print or write full name)

23. Name of place of disposal (Print or write full name)

24. Name of place of disposal (Print or write full name)

25. Name of place of disposal (Print or write full name)

26. Name of place of disposal (Print or write full name)

27. Name of place of disposal (Print or write full name)

28. Name of place of disposal (Print or write full name)

29. Name of place of disposal (Print or write full name)

30. Name of place of disposal (Print or write full name)

31. Name of place of disposal (Print or write full name)

32. Name of place of disposal (Print or write full name)

33. Name of place of disposal (Print or write full name)

34. Name of place of disposal (Print or write full name)

35. Name of place of disposal (Print or write full name)

36. Name of place of disposal (Print or write full name)

37. Name of place of disposal (Print or write full name)

38. Name of place of disposal (Print or write full name)

39. Name of place of disposal (Print or write full name)

40. Name of place of disposal (Print or write full name)

41. Name of place of disposal (Print or write full name)

42. Name of place of disposal (Print or write full name)

43. Name of place of disposal (Print or write full name)

44. Name of place of disposal (Print or write full name)

BUREAU V. S.

JAN 18 1956

RECEIVED

RECEIVED

1

00658

658

CERTIFICATE OF DEATH

Reg. Dist. No. 183-

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Harford</i>		MARYLAND		STATE <i>Maryland</i> COUNTY <i>Harford</i>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <i>Harre de Grace</i>		<i>about 40 yrs.</i>		TOWN <i>Harre de Grace</i>		<i>24</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>517 Girard Street</i>				STREET ADDRESS (If rural give location) <i>517 Girard Street</i>			
3. NAME OF DECEASED (Type or Print) <i>Charlie Price</i>				4. DATE OF DEATH (Month) <i>1</i> (Day) <i>12</i> (Year) <i>19 56</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Negro</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Aug 14, 1874</i>	
				9. AGE last birthday <i>81 yrs.</i>		10. IF UNDER 1 YEAR (Months) <i></i> (Days) <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Contractor</i>		11. BIRTHPLACE (State or foreign country) <i>Brunswick, Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Levy Price</i>				14. MOTHER'S MAIDEN NAME <i>Judy (unknown)</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT & ADDRESS <i>Rev. Jesse Woolfolk - Harre de Grace</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.0 IMMEDIATE CAUSE (A) <i>Uremia</i>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <i>Arteriosclerotic Heart Disease</i>							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>12/1/4</i>, 19 <i>56</i>, to <i>1/11</i>, 19 <i>56</i>, that I last saw the deceased alive on <i>1/11</i>, 19 <i>56</i>, and that death occurred at <i>2:45 P.M.</i> from the causes and on the date stated above.							
SIGNATURE <i>George J. Stansbury</i>		ADDRESS (Street, city, town, state) <i>529 Revolution St. Harre de Grace Md.</i>		DATE SIGNED <i>1/13/56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>1-15-56</i>		NAME OF CEMETERY OR CREMATORY <i>St. James Cemetery</i>		LOCATION (City, town, or county) <i>Harre de Grace Md.</i>	
24. REC'D BY REGISTRAR <i>Jan 13-1956</i>		REGISTRAR'S SIGNATURE <i>A. L. Lewis</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Bullock</i>		ADDRESS <i>Harre de Grace Md.</i>	

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

31017001711

1. Name of deceased
2. Sex
3. Race
4. Age
5. Date of birth
6. Date of death
7. Place of birth
8. Place of death
9. Cause of death
10. Signature of physician
11. Signature of registrar
12. Date of registration

CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH-CARLISLE, MA

10055

BUREAU V. S.

RECEIVED

JAN 16 1966

INSTRUCTIONS

1 TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 AISC 1-55 10M

676

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Harford		MARYLAND		STATE New York		COUNTY Seneca	
CITY (If outside corporate limits, write RURAL OR end give nearest town) Aberdeen		LENGTH OF STAY (in this place) 5 hrs		CITY (If outside corporate limits, write RURAL end give nearest town) Seneca Falls			
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital Aberdeen Proving Ground				STREET ADDRESS 11000 Seneca Falls		(If rural give location) 109 Cayuga	
3. NAME OF DECEASED				4. DATE OF DEATH			
(First) John		(Middle) Michael		(Last) RAMER		January 20 19 56	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH January 20 1956	9. AGE last birthday yrs. 5		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins. 5 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Burton Ramer				14. MOTHER'S MAIDEN NAME Susanna Knight			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. -		17. INFORMANT & ADDRESS Father - as in 2			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
770.0 IMMEDIATE CAUSE (A) Erythroblastosis fetalis				INTERVAL BETWEEN ONSET AND DEATH 5 hrs			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 20, 19 56, to Jan 20, 19 56, that I last saw the deceased alive on Jan 20, 19 56, and that death occurred at 2:50 P.M. from the causes and on the date stated above.							
SIGNATURE Gordon Agnew				ADDRESS US Army Hospital Aberdeen Proving Ground, Md		DATE SIGNED Jan 23 1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan 25 1956		NAME OF CEMETERY OR CREMATORY Pot Cemetery		LOCATION (City, town, or county) Army Chemical Center Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE Nellie R Perry		25. FUNERAL DIRECTOR'S SIGNATURE John E. Garring		ADDRESS Aberdeen Md.	

2050212403

00620

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18

CERTIFICATE OF DEATH

173

Reg. Form No.

1. NAME OF DECEASED

2. SEX

3. AGE

4. PLACE OF BIRTH

5. OCCUPATION

6. DATE OF DEATH

7. TIME OF DEATH

8. CAUSE OF DEATH

9. MANNER OF DEATH

10. PLACE OF DEATH

11. SIGNATURE OF DECEASED

12. SIGNATURE OF WITNESS

13. SIGNATURE OF PHYSICIAN

14. SIGNATURE OF CORONER

15. SIGNATURE OF JURY

16. SIGNATURE OF JUDGE

17. SIGNATURE OF CLERK

18. SIGNATURE OF SHERIFF

19. SIGNATURE OF CONSTABLE

20. SIGNATURE OF JAILER

21. SIGNATURE OF PRISONER

22. SIGNATURE OF GUARD

23. SIGNATURE OF WARDEN

24. SIGNATURE OF DEPUTY WARDEN

25. SIGNATURE OF CHIEF CLERK

26. SIGNATURE OF ASSISTANT CLERK

27. SIGNATURE OF RECEPTION CLERK

28. SIGNATURE OF DISCHARGE CLERK

29. SIGNATURE OF INSPECTION CLERK

30. SIGNATURE OF RECORDS CLERK

BUREAU V. 1

JAN 25 1905

RECEIVED

RECEIVED
JAN 25 1905
BUREAU V. 1

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00660

CERTIFICATE OF DEATH

Reg. Dist. No. 18

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN	
TOWN <u>Harwick</u>		<u>Grace</u>		TOWN <u>Harwick</u>		<u>Grace</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Police G. Smith</u>				<u>Jan 4 1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE-MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Female</u>	<u>White</u>	<u>Married</u>	<u>May 26 1865</u>	<u>90</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Housewife at home</u>		<u>Harford Co Md</u>		<u>U.S.A.</u>			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Wm Wilson</u>				<u>Rusan Adams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>no</u>		<u>no</u>		<u>Mrs. Elizabeth Preston</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
794X IMMEDIATE CAUSE (A)				INTERVAL BETWEEN ONSET AND DEATH			
<u>old age</u>							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1955, to 114, 1956, that I last saw the deceased alive on 112, 1956, and that death occurred at 5:00 A.M. from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)			
<u>Wendley Phillips M.D.</u>				<u>Dodgton Md 45/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Jan 7 1956</u>		<u>Rock Run Cem</u>		<u>Harford Co Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>Jan 7 1956</u>		<u>Bertha B. Knight</u>		<u>H. D. Bailey</u>		<u>Darlington Md</u>	

ENCLOSURE 2M

RECEIVED
JAN 12 1936
BUREAU V. S.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

Form No. 1

1. NAME OF DECEASED

MARYLAND
DEPARTMENT OF STATE

BUREAU V. S.

JAN 12 1936

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

659

CERTIFICATE OF DEATH

00661

Reg. Dist. No. 182

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		MARYLAND		STATE <u>Md</u>		COUNTY <u>Hfd.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Harford</u>		LENGTH OF STAY (in this place) <u>2 hrs. 45 Min.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Joppa</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u></u>			
3. NAME OF DECEASED (Type or Print) <u>Douglas Ray Starr</u>				4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>24</u> (Year) <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u></u>	8. DATE OF BIRTH <u>Jan. 24, 1956</u>	9. AGE last birthday <u>Newborn</u> yrs.		IF UNDER 1 YEAR Months <u>2</u> Days <u>45</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>Marshall Willis Starr</u>				14. MOTHER'S MAIDEN NAME <u>Norma Stemper</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
762.0 IMMEDIATE CAUSE (A) <u>Asphyxia due to unknown</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>causes</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u></u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <u></u>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 24</u> , 19 <u>56</u> , to <u>Jan 24</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 24</u> , 19 <u>56</u> , and that death occurred at <u>7:15 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Philip W. Krumman</u>				DATE SIGNED <u>M.D. 307 Hedberg, Belknap, Md</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan 25 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Mountain Christian</u>		LOCATION (City, town, or county) (State) <u>Joppa Md</u>	
24. REC'D BY REGISTRAR <u></u>		REGISTRAR'S SIGNATURE <u>Priscilla Forewood</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W H Archer</u>		ADDRESS <u>Brown Md</u>	
DATE <u>1-26-56</u>							

2071172X-5

Came in mail
Registered before notifying
my district, sorry

RECEIVED

1958 JAN 30

BUREAU V. 2

HEAD OF STATION

STATION HEAD - HEAD OF STATION

INSTRUCTIONS

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00662

678

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Hartford</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>Hartford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Jarrettsville</u>		<u>30 yrs</u>		TOWN <u>Jarrettsville</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>EMMA</u> (Middle) <u>M</u> (Last) <u>STREETT</u>				(Month) <u>Jan</u> (Day) <u>6</u> (Year) <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Female</u>	<u>White</u>	<u>Single</u>	<u>Apr 14 1864</u>	<u>91</u> yrs.	Months <u>8</u>	Days <u>22</u>	Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
<u>Housewife</u>			<u></u>		<u>Jarrettsville MD</u>		<u>USA</u>
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Samuel Streett</u>				<u>Marky Ellen Miller</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)			16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS		
<u>No</u>			<u></u>		<u>Mrs Virginia S Jarrett Jarrettsville MD</u>		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
443X IMMEDIATE CAUSE (A) <u>Acute Myocardial Insufficiency</u>						<u>Sudden.</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Hypertensive Cardio-vascular Disease.</u>						<u>Years.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Generalized Arterio-sclerosis.</u>						<u>Years.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>53</u> , to <u>1/6/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/2/56</u> , 19 <u>56</u> , and that death occurred at <u>6 P.M.</u> from the causes and on the date stated above.							
SIGNATURE		ADDRESS (Street, city, town, state)				DATE SIGNED	
<u>Edwin B. Jarrett</u>		<u>M.D. 11 East Chase St., Baltimore-2, Md.</u>				<u>1/6/56.</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)		(State)	
<u>Burial</u>	<u>Jan 9 56</u>	<u>Bethel</u>		<u>Madonna Hartford MD</u>			
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		
<u>1-11-56</u>	<u>Michelle Lowmire</u>		<u>Thomas S. Keeney</u>		<u>Janetta</u>		

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REARLAIN STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

CERTIFICATE OF DEATH

1. DEATH OF PERSON UNDER 18 DISCLOSED

2. PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE OF DEATH

UNDERLYING CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

BUREAU V. 2

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

10005

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

1 TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
31 TOWN <u>Aberdeen</u>				31 TOWN <u>Aberdeen</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>#306 Graceford Trine</u>				STREET ADDRESS <u>#132 Saw Street</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Jordan</u> (Middle) <u>W.</u> (Last) <u>Tweed</u>				(Month) <u>Jan</u> (Day) <u>30</u> (Year) <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 8th 1896</u>		9. AGE last birthday <u>59</u> yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electric Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Govt. H.P.C. Eng.</u>		11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John W. Tweed</u>				14. MOTHER'S MAIDEN NAME <u>Mary Ellen Wright</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>220-22-0561</u>		17. INFORMANT & ADDRESS <u>Wm Jordan W. Tweed #132 Saw St. Aberdeen Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.1 IMMEDIATE CAUSE (A) <u>Arterio Sclerotic Cardio</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Varicella Disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Coronary Thrombosis</u>						6 min	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 30, 1950</u> , to <u>Jan 30, 1956</u> , that I last saw the deceased alive on <u>Jan 30, 1956</u> , and that death occurred at <u>8:00 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Charles J. Foley</u> M.D.				ADDRESS (Street, city, town, state) <u>406 P. Main St. Harford Md</u> DATE SIGNED <u>2/1/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb 2-1956</u>		NAME OF CEMETERY OR CREMATORY <u>Episcopal Cemetery</u>		LOCATION (City, town, or county) (State) <u>Perryman Maryland</u>	
24. REC'D BY REGISTRAR <u>Feb 1-1956</u>		REGISTRAR'S SIGNATURE <u>Mellie R. Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Harding</u> ADDRESS <u>Aberdeen Md</u>			

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MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD.

CERTIFICATE OF DEATH

Page One

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

RELIGION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

EDUCATION

RELIGION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

EDUCATION

RELIGION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

EDUCATION

RELIGION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

EDUCATION

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DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

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OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

EDUCATION

RELIGION

OCCUPATION

RESIDENCE

DATE OF BIRTH

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DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

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EDUCATION

RELIGION

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DATE OF BIRTH

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NAME OF SPOUSE

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DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

BUREAU V. 2

FEB 3 1956

RECEIVED

NOTIFICATION

NOTIFICATION OF DEATH TO BE FURNISHED TO THE NEAREST RELATIVE OR TO THE NEXT OF KIN, OR TO THE PERSON IN CHARGE OF THE BURIAL, AND TO THE LOCAL HEALTH OFFICE, AND TO THE STATE DEPARTMENT OF HEALTH, BALTIMORE, MD.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00664

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CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>HARFORD</u>		STATE <u>MD</u> COUNTY <u>HARFORD</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>HAVERDE GRACE</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>HAVERDE GRACE</u>	
TOWN <u>HAVERDE GRACE</u>		LENGTH OF STAY (In this place) <u>43 YEARS</u>		TOWN <u>HAVERDE GRACE</u>		TOWN <u>HAVERDE GRACE</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>NONE</u>				STREET ADDRESS (If rural give location) <u>124 Lodge Alley</u>			
3. NAME OF DECEASED (Type or Print) <u>MARTHA LENA WEBSTER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 15 1956</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>N</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT 12 1876</u>	
9. AGE last birthday <u>79</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>Port Deposit, Md</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>John Bond</u>			
14. MOTHER'S MAIDEN NAME <u>SUSAN BESSECK</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u> (If Yes, give war or dates of service) <u>NO</u>			
16. SOCIAL SECURITY NO. <u>UNKNOWN</u>				17. INFORMANT & ADDRESS <u>David H Webster, Lodge Alley</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.1 IMMEDIATE CAUSE (A) <u>Coronary occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>19 minutes</u>	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>January 15, 1956</u> , to <u>January 15, 1956</u> , that I last saw the deceased alive on <u>January 15, 1956</u> , and that death occurred at <u>7 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>C. J. Simon</u>				DATE SIGNED <u>January 18, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>1/18/1956</u>		NAME OF CEMETERY OR CREMATORY <u>ST. JAMES</u>		LOCATION (City, town, or county) (State) <u>HAVERDE GRACE, Md</u>	
24. REC'D BY REGISTRAR <u>Jan. 18 - 1956</u>		REGISTRAR'S SIGNATURE <u>A. L. Lewis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Remington + Son</u>			

RECEIVED

JAN 20 1956

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

CERTIFICATE OF DEATH

THIS DATE

1. PLACE OF DEATH

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2. PLACE OF DEATH

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